



**COLORADO**  
Department of Health Care  
Policy & Financing

## Quarterly Report #2

# Implementation of the American Rescue Plan Act of 2021, Section 9817

---

*Enhancing Colorado's Home and Community-Based Services  
System through an Enhanced Federal Match*

February 1, 2022

Submitted to: The Joint Budget Committee

Quarterly Report  
October 2021- December 2021



**COLORADO**  
Department of Health Care  
Policy & Financing

Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

February 1, 2022

The Honorable Julie McCluskie, Chair  
Joint Budget Committee  
200 East 14<sup>th</sup> Avenue, Third Floor  
Denver, CO 80203

Dear Representative McCluskie:

Enclosed please find the Department of Health Care Policy & Financing's (HCPFs) quarterly Implementation of the American Rescue Plan Act of 2021, Section 9817 report to the Joint Budget Committee.

*Section 25.5-6-1804, C.R.S. requires the Department, commencing November 1, 2021 and occurring quarterly thereafter to report to the Joint Budget Committee concerning the status of expenditures pursuant to this part 18. The report must include:*

- (a) The scope, intended impact, and amount of money disbursed from the money received pursuant to the "American Rescue Plan Act";*
- (b) A description of how the state department incorporated stakeholder feedback into plans for the disbursement of money; and*
- (c) An update as to the total amount of money disbursed from the money received pursuant to the "American Rescue Plan Act", the remaining amount of money, and the projected amount of anticipated federal financial participation.*

HCPF submitted its initial proposal of American Rescue Plan Act (ARPA) Medicaid Home and Community-Based Services (HCBS) spending to the Centers for Medicare and Medicaid Services (CMS) on June 13, 2021. Since receiving Joint Budget Committee approval on September 21, 2021, Colorado also received conditional approval from CMS. Conditional approval simply entails the state's compliance with the applicable requirements set forth under section 9817 of the Act and fulfillment of the requirements as stated in State Medicaid Directors Letter # 21-003.

This report provides an update of current progress and continues a spirit of transparency for project operations. If you require further information or have additional questions, please contact the Department's Legislative Liaison, Jo Donlin, at [Jo.Donlin@state.co.us](mailto:Jo.Donlin@state.co.us) or 720-610-7795.

Sincerely,



Kim Bimestefer  
Executive Director

KB/JM

CC: Senator Dominick Moreno, Vice-chair, Joint Budget Committee  
Senator Chris Hansen, Joint Budget Committee  
Representative Leslie Herod, Joint Budget Committee  
Senator Bob Rankin, Joint Budget Committee  
Representative Kim Ransom, Joint Budget Committee  
Carolyn Kampman, Staff Director, JBC  
Robin Smart, JBC Analyst  
Lauren Larson, Director, Office of State Planning and Budgeting  
Edmond Toy, Budget Analyst, Office of State Planning and Budgeting  
Legislative Council Library  
State Library  
Tracy Johnson, Medicaid Director, HCPF  
Tom Massey, Policy, Communications, and Administration Office Director, HCPF  
Anne Saumur, Cost Control Office Director, HCPF  
Bettina Schneider, Finance Office Director, HCPF  
Bonnie Silva, Office of Community Living Director, HCPF  
Parrish Steinbrecher, Health Information Office Director, HCPF  
Rachel Reiter, External Relations Division Director, HCPF  
Jo Donlin, Legislative Liaison, HCPF

# Colorado Spending Plan Quarterly Report to the Joint Budget Committee

## Table of Contents

<b>Key Takeaways</b>	<b>6</b>
<b>Introduction</b>	<b>6</b>
<b>Budget Overview</b>	<b>7</b>
<i>Table 1: Planned Spending by Year</i>	8
<i>Table 2: Budget Adjustments: Between Projects</i>	8
<i>Table 3: Additional Funding Requested</i>	9
<i>Table 4: Budget Adjustments: Project-Specific and Administrative</i>	9
<b>Project Overview</b>	<b>11</b>
<i>Figure 1: Project Phasing and Hiring Tiers</i>	11
<i>Table 5: ARPA HCBS Total Budget</i>	12
<i>Table 6: HCBS Funding Overview</i>	13
<i>Figure 2: Behavioral Health Focused Projects Budget by Phase</i>	14
<b>Administrative Status &amp; Hiring</b>	<b>15</b>
<i>Figure 3: Recruitment Process and Tracking</i>	16
<i>Figure 4: Hiring Progress, Tier I Positions as of January 3, 2022</i>	17
<b>Analytics &amp; Project Tracking</b>	<b>18</b>
<i>Figure 5: JBC Dashboard: Project Reporting, page 1</i>	20
<i>Figure 5: JBC Dashboard: Project Reporting, page 2</i>	21
<i>Table 7: Phase 1 Projects</i>	23
<b>Timeline and Next Steps</b>	<b>25</b>
<b>Appendix 1: Project Descriptions &amp; Updates</b>	<b>26</b>
1. Strengthen the Workforce & Enhance Rural Sustainability	26
2. Improve Crisis & Acute Services	37
3. Improve Access to HCBS For Underserved Populations	39
4. Support Post-COVID Recovery & HCBS Innovation	46
5. Strengthen Case Management Redesign	56
6. Invest in Tools & Technology	61
7. Expand Emergency Preparedness	74

8. Enhance Quality Outcomes	75
<b>Appendix 2: Project Initiatives Identified by Phase &amp; Category</b>	<b>84</b>
<b>Appendix 3: Resources</b>	<b>88</b>

## Key Takeaways

The Department has met or is on track to meet the milestones outlined in phase 1 of the implementation of our HCBS ARPA spending plan. Since our last quarterly report, the Department has:

- Successfully launched all 22 Phase 1 ARPA projects;
  - Implemented critical priority workforce projects to infuse funds into the HCBS system, including a 2.11% rate increase and a new \$15 per hour base wage requirement;
- Continued to engage with stakeholders for input on, and education about, the Department's ARPA HCBS projects;
- Hired 16 of the 33 Tier I priority positions, staying on track with hiring goals;
- Drafted 13 scopes of work for contractors to assist with Phase 1 projects;
- Developed a project management framework, including building out a project tracking system and creating dashboards for all Phase 1 projects to monitor progress and encourage transparency.

## Introduction

Since receipt of full approval of Colorado's American Rescue Plan Act (ARPA) Medicaid Home and Community-Based Services (HCBS) spending plan by the Colorado Joint Budget Committee (JBC) and a conditional approval from Centers for Medicare and Medicaid Services (CMS) on September 21, 2021, Colorado has been working diligently to engage with stakeholders, further refine our key initiatives, and launch a mechanism for tracking and reporting on progress.

The Department's goals remain: to supercharge existing initiatives, support the COVID-19 response and recovery, foster innovation and long-term transformative change, and increase quality and fiscal stewardship. Attainment of these goals will result in the simplification of the policies and processes required to access services and better ensure the services provided help people build a life that is meaningful to them.

The initiatives the Department is undertaking will provide immediate relief for the provider network, direct support to members and their families during the recovery phase following the pandemic and foster longer-term innovation and transformation to create an HCBS system of the future. These priority initiatives fall into the following categories:

- Strengthen the Workforce & Enhance Rural Sustainability
- Improve Crisis & Acute Services

- Improve Access to HCBS For Underserved Populations
- Support Post-COVID Recovery & HCBS Innovation
- Strengthen Case Management Redesign
- Invest in Tools & Technology
- Expand Emergency Preparedness
- Enhance Quality Outcomes

Over the last six months, the initiatives outlined in our initial proposed spending plan have been further developed, including the creation of project plans and budgets, written by assigned leads with the support of project teams. The Department continues to seek out opportunities to better align initiatives where there are overlapping goals and combining efforts would improve efficiency and overall success.

The Department remains committed to having stakeholders at the center of this effort, and thus has hosted two additional stakeholder meetings attended by 155 people since our last report, in addition to project-specific engagement. Additionally, the Department is preparing to release a Stakeholder Engagement Plan in the new year, which will provide information about how stakeholders can continue to engage with the Department's HCBS ARPA efforts. The Department will also release the first ARPA Project Pulse Newsletter, a monthly update for stakeholders on the status of ARPA initiatives and upcoming engagement opportunities and will begin hosting quarterly webinars to keep stakeholders informed on progress.

Included within this report is an update to Colorado's initially submitted ARPA HCBS Spending Plan. Specifically noted are areas where substantive changes have been made. For those initiatives that have launched (phase 1 projects), there is a status update on their progress to date. Additionally, information about whether Colorado has or will be requesting approval for a change to an HCBS program, and details about which HCBS program, the authority it operates under, and when the requested change is planned, has been included when applicable as it relates to a given project. We have also included the additional information provided to CMS in our response letter dated August 2, 2021. Finally, we outline below how Colorado intends to sustain the activities we are implementing to enhance, expand, or strengthen HCBS under the Medicaid program.

## Budget Overview

The 'Supplemental Document 2-1-22' attached provides projected and actual spending amounts for each of Colorado's planned activities, including which we intend

to draw down additional FFP, the amount of state and federal share for any activities for which we plan to claim additional FFP, and whether these activities will be eligible for the HCBS increased FMAP under ARP section 9817. The ‘Supplemental Document 2-1-22’ also provides an update to the amount of funds attributable to the increase in FMAP that Colorado has claimed and anticipates claiming between April 1, 2021, and March 31, 2022.

The Department’s HCBS Spending Plan includes \$529.0 million to support enhancing, expanding and strengthening our HCBS system, including \$310.8 million from reinvested state funds and \$218.2 million from matching federal funds. The funding will be spread out over three fiscal years as shown in table 1 below.

**Table 1: Planned Spending by Year**

Total	FY 2021-22	FY 2022-23	FY 2023-24
\$529.0 million	\$190.2 million	\$258.3 million	\$80.5 million

Over the last reporting period, the Department has worked to further refine each project scope and has combined projects and moved resources accordingly. Table 2 includes budgetary and staff adjustments made between projects since the Department’s last report.

**Table 2. Budget Adjustments: Between Projects**

Project #1 Changed	Funding or FTE	Project #2 Changed	Funding or FTE
5.05. Case Management Agency Training	Moved FTE; Added \$300,000	5.04. Case/Care Management Best Practices	Added FTE; Moved \$300,000
6.04. HCBS Provider* Electronic Health Record System Upgrades	Project combined; moved \$6,000,000	6.06. HCBS Provider Digital Transformation	Added \$6,000,000
3.03. Disability Cultural Competency Training for Behavioral Health Providers*	Project combined; moved \$1,000,000	1.05. Establish a Training Fund	Added \$1,000,000

*\*Additional information about project changes included below in the project overview section*

The Department updated its projections of the amount of state funds eligible for reinvestment due to the 10% FMAP bump based on the actual amount identified for 4/1/21 through 9/30/21. This resulted in an increase of \$6.4 million in the amount that needs to be reinvested through the spending plan. The Department also utilized an additional \$383k in the updated spending plan projections, which was unallocated

in the previous submission. The Department has also accounted for the extension of the PHE and corresponding 6.2% increase in FMAP through 3/31/22 in the revised projections. Previously, the Department assumed that the PHE would end on 12/31/21. This means that the Department is calculating a higher effective FMAP for service costs included in the spending plan, which is contributing to the overall increase in federal funds requested for the spending plan. These budgetary changes result in \$16.7 million total additional funds available, including \$6.8 million cash funds (Table 3). Table 4 includes the internally approved uses for these additional funds. The Department is working with the Colorado Joint Budget Committee to gain approval and additional appropriations to fund these proposed spending changes through a separate agreed upon process.

**Table 3. Additional Funding Requested**

Requested Changes	Total Funds	Cash Funds	Federal Funds
FY 2021-22	\$10,407,411	\$3,001,430	\$7,405,981
FY 2022-23	\$6,116,670	\$3,683,335	\$2,433,335
FY 2023-24	\$171,580	\$85,790	\$85,789
<b>Total</b>	<b>\$16,695,661</b>	<b>\$6,770,555</b>	<b>\$9,925,105</b>

**Table 4. Budget Adjustments: Project-Specific and Administrative**

Project Name	Reason for Adjustment	Funding Amount
1.01. Increase Payments to Providers & Workers	To align with the fiscal year and contract timelines, the 2.11% rate increase for Case Management Agencies will be extended to June 30, 2023 (from March 31, 2023).	\$475,963
1.01 Increase Payments to Providers & Workers	The 2.11% rate increase for HCBS providers will be extended to July 31, 2022 (from March 31, 2022).	\$10,249,669
1.05. Establish a Training Fund	To further support training for the HCBS workforce, additional funds were added to offer further training opportunities for behavioral health workers focused on skill building, upskilling and peer supports.	\$1,000,000
1.06. Career Pathways	The original budget projected that this project and spending would not begin until July 2022. The work is planned to begin sooner, so additional funds were added to account for that.	\$170,000
3.06. Expand the Behavioral Health	As the scope of work was further developed, the proposed budget exceeded initial projections, requiring	\$350,000

Safety Net	additional funds. Additionally, the scope of the project was expanded to include helping Community Mental Health Centers (CMHCs) to improve their financial reporting to include more information to support analysis of cost and efficiency.	
4.04. Alternative Care Facility Tiered Rates & Benefits	The scope of this project was expanded to include tiered rates analysis for two additional setting types, Qualified Residential Treatment Programs (QRTPs) and Residential Child Care Facility Programs (RCCFs).	\$300,000
4.07. New Systems of Care	An additional component was added to the original project scope to include mapping core competencies for Regional Accountable Entities (RAEs) to improve care for the LTSS population and better coordinate activities between RAEs and Case Management Agencies (CMAs).	\$250,000
5.01. Case Management Capacity Building	During the project team's research of the cost for devices which have the functionality needed for the new case management system, the projected budget exceeded projections, requiring additional funds.	\$500,000
5.03. Case Management Rates	As the scope of work for this project was further developed, the proposed budget exceeded initial projections, requiring additional funds.	\$100,000
6.06 HCBS Provider Digital Transformation	An additional component was added to this project, prioritizing the technology needs of County Departments of Human Services and Single-Entry Points, who make eligibility determinations. Funds will focus on ensuring cybersecurity measures are in place to protect member information.	\$3,486,008
6.08. Care & Case Management System Investments	Additional funds will be used to expand the scope of work to enhance the care and case management system to allow for automation of Consumer Directed Attendant Support Services (CDASS) prior authorization request revisions. Funds will also be used to build an interface between the interchange system and the Financial Management Services (FMS) vendor portals to allow real-time updates for the vendors.	\$700,000
Department Administrative Overhead Costs	To ensure appropriate monitoring and oversight of our ARPA efforts, the Department has added funds to support a contractor who will perform ongoing monitoring of our ARPA initiatives for compliance.	\$620,974

Adjustments to Full Time Employee Costs	The Department updated estimates on FTE costs based on revised expectations on hiring dates.	(\$1,506,953)
<b>Total Proposed Changes</b>		<b>\$16,695,661</b>

## Project Overview

Since our last report, the Department has pressed forward with transformation efforts through the execution of 65 initiatives to enhance, expand and strengthen the State’s HCBS system. The Department continues to move these projects forward in a phased approach to project initiation (see figure 1). This approach allows the Department: to make project initiation more manageable for our project staff, properly time projects having reliance on other project outputs, and reduce the impact on the human resources group’s hiring efforts. As of this writing, the Department has 22 projects under way and will have begun an additional 18 projects by the time of your receipt (launched January 1, 2022). A complete listing of projects by phase and category may be found in Appendix 2.

**Figure 1. Project Phasing and Hiring Tiers**



The total budget for our ARPA HCBS Spending Plan, with the additional funds outlined above is \$528,956,270; \$310,760,610 of which are state funds (see table 2.1 in the attached Supplemental Documents). Approximately 36% of these funds are projected to be spent in FY 2021-22, 49% in FY 2022-23, and 15% in FY 2023-24.

An estimated 52% of the total funds are allocated towards the ‘Workforce and Rural Sustainability’ efforts (Table 5). These efforts are a priority for the Department given

the current workforce crisis and the need to provide immediate relief and assistance to ensure members can receive the care they need. Five projects within this category have been launched, including the 2.11% provider rate increase to address workforce shortages and a rate increase to meet the new \$15 per hour base wage requirements for all HCBS direct care staff.

**Table 5. ARPA HCBS Total Budget**

Project Area	Total Funds	SFY 2021-22	SFY 2022-23	SFY 2023-24
Strengthen the Workforce & Enhance Rural Sustainability (52%)	\$275M	\$123.3M	\$144.3M	\$7M
Improve Crisis & Acute Services (3%)	\$17.1M	\$0.6M	\$9.2M	\$7.4M
Improve Access to HCBS for Underserved Populations (11%)	\$55.7M	\$6.8M	\$24.9M	\$24M
Support Post-COVID Recovery and HCBS Innovation (12%)	\$63.8M	\$20.6M	\$28M	\$15.2M
Strengthen Case Management Redesign (2%)	\$11.2M	\$4.1M	\$4.2M	\$2.9M
Invest in Tools & Technology (15%)	\$82.5M	\$27.6M	\$36.4M	\$18.6M
Enhance Quality Outcomes (1%)	\$6.3M	\$1.6M	\$3M	\$1.6M
Expand Emergency Preparedness (2%)	\$8.5M	\$4.2M	\$4.2M	---
Department Administrative Overhead (2%)	\$9.3M	\$1.3M	\$4.2M	\$3.8M
<b>TOTAL</b>	<b>\$529M</b>	<b>\$190.2M</b>	<b>\$258.3</b>	<b>\$80.5M</b>

As stated, workforce is a key priority for the Department, hence the 2.11% increase accounts for \$48.5 million and the \$15 per hour base wage requirements, which

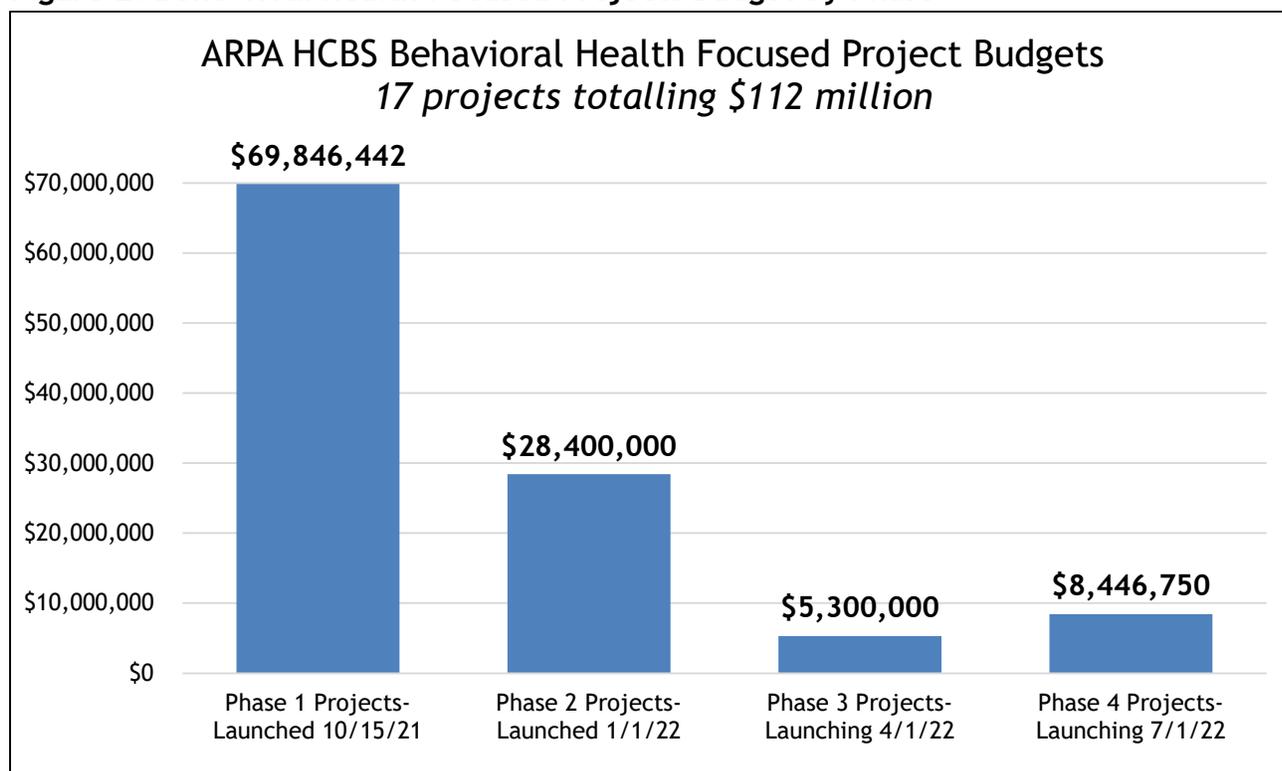
launched January 1, 2022, accounts for \$206.4 million of the total budget. [Additional rate increases include: Home modifications accounting for \$5 million and respite accounting for \$6 million.] Because the \$15 per hour requirement began January 1st, the next quarter’s report of our spending will be far higher than the \$7.6 million below in Table 6. The other projects included in the Department’s spending plan require more time for planning and implementation, and thus the low spending to date was anticipated.

**Table 6. HCBS Funding Overview**

<b>Project Area</b>	<b>Total Amount</b>	<b>Encumbered/ Allocated</b>	<b>Estimated Amount Spent</b>
Spending Plan Projects Excluding Rate Increases	\$263.1M	\$0.5M	\$0.1M
Spending Plan Rate Increases	\$265.9M	\$265.9 M	\$7.6M
<b>Total</b>	<b>\$529M</b>	<b>\$266.4M</b>	<b>\$7.7M</b>

The Department is also hyper focused on innovating and modernizing Colorado’s behavioral health system in support of older adults and individuals with disabilities. For that reason, 17 projects and \$112 million of the nearly \$529 million ARPA HCBS dollars are focused on behavioral health efforts, which is critical given the behavioral health crisis the state is facing (Figure 2).

**Figure 2. Behavioral Health Focused Projects Budget by Phase**



*\*Funding for term-limited FTEs not included, budget only includes funds for program costs*

There have been several minor changes since our last report that we will highlight here as well as below, with the appropriate project description and update. The overall project count number has been reduced from 67 to 65 due to projects being combined for the sake of shared resources (6.04 HCBS Provider Electronic Health Record System Upgrades and 6.06 HCBS Provider Digital Transformation; 3.03 Disability Cultural Competency Training for Behavioral Health Providers and 1.05 Establish a Training Fund) and their complementary nature. The scope of overall efforts remains unchanged for these projects. In addition, since our last quarterly report submission, the Department has made several minor refinements to the way the projects under the HCBS ARPA umbrella are organized and structured. These changes include:

- Adjusting the project numbering structure (e.g., #1.1 changed to #1.01)
- Changing the name of the Department of Correction Partnership to Criminal Justice Partnership
- Changing project timing:
  - Eligibility System Improvements- Moved from Phase 1 to Phase 4 due to interdependencies with another tech system (the new Care and Case Management system), which is scheduled to launch in April 2022

- Member Tech Literacy- Moved from Phase 4 to Phase 2 to allow for more time for implementation
- Public Awareness Campaign- Moved from Phase 3 to Phase 2 to allow for more time for implementation

## Administrative Status & Hiring

The Department has put forward a plan that includes 65 initiatives to enhance, expand and strengthen the State's HCBS system. After further internal project development and discussion, the Department has condensed from an initial 72 projects down to 65. Projects with similar scopes have been collapsed for efficiency. As discussed in detail above, all phase 1 projects have launched. The project teams are mobilized and have completed initial project plans, which are uploaded to the Department's Microsoft Project Online and are the basis of the customized JBC dashboard presented below. All projects have also begun developing performance metrics; more information about the process for establishing these metrics is also discussed in detail below.

As of the writing of this report, phase 2 projects have also launched (as of January 1, 2022). The project teams for these initiatives are assembling resources, drafting statements of work to engage contractors and vendors to assist, and planning for stakeholder engagement.

### *ARPA Project Support Team*

To support the phase 1 and phase 2 project teams, the Department established the ARPA Project Support Team. Using funds from Senate Bill 21-286, four (4) project managers, a supervisor, and a contractor have set up the HCBS ARPA Program Team. This team is designed to aid in development of the project plan, metrics, and position descriptions (PD) along with the creation of processes and systems to support the 65 ARPA Project Teams. Specific highlights of the ARPA Support Team's work since the last JBC report include the following:

- Assembling the framework needed to appropriately monitor progress across all ARPA projects
- Establishing reporting mechanisms for an array of audiences
- Creating tools to support stakeholder engagement activities
- Developing proactive communication strategies and stakeholder engagement activities, all of which will use the ARPA webpage as their center point public-facing dashboards to display progress,
- Supporting project leads and teams in developing project schedules, milestones, deliverables and metrics and

- Tracking information requests and reporting requirements for each of the Department’s primary sponsors: the JBC, the Governor’s Office, CMS, and Department Leadership.

### *Project Team Hiring*

The 58.5 FTEs included in the original ARPA spending plan have been organized into tiers to both ensure current staff have adequate support to lift projects, while also taking into account the challenging job market and the capacity of our Human Resources staff.

The Department, recognizing the breadth of activity required, is working closely with the Human Resources team to organize workflow and progress reporting around these efforts. The process has been broken down into four broad categories, as seen in figure 3, by which progress through the recruiting process will be measured, tracked and reported.

In support of this process, the ARPA Project Support Team and the Department’s Human Resources contacts have implemented a quick and iterative process to develop, review, and refine position descriptions (PDs) so that they are clearly articulated but posted as quickly as possible. These teams are tracking progress closely, collecting data about when a PD was sent to Human Resources, when it was posted, when interviews start, when an offer is made, and when the position onboards. These statistics are available to the JBC and are a component of the JBC-specific dashboard the ARPA Project Team developed (see Figure 5 below).

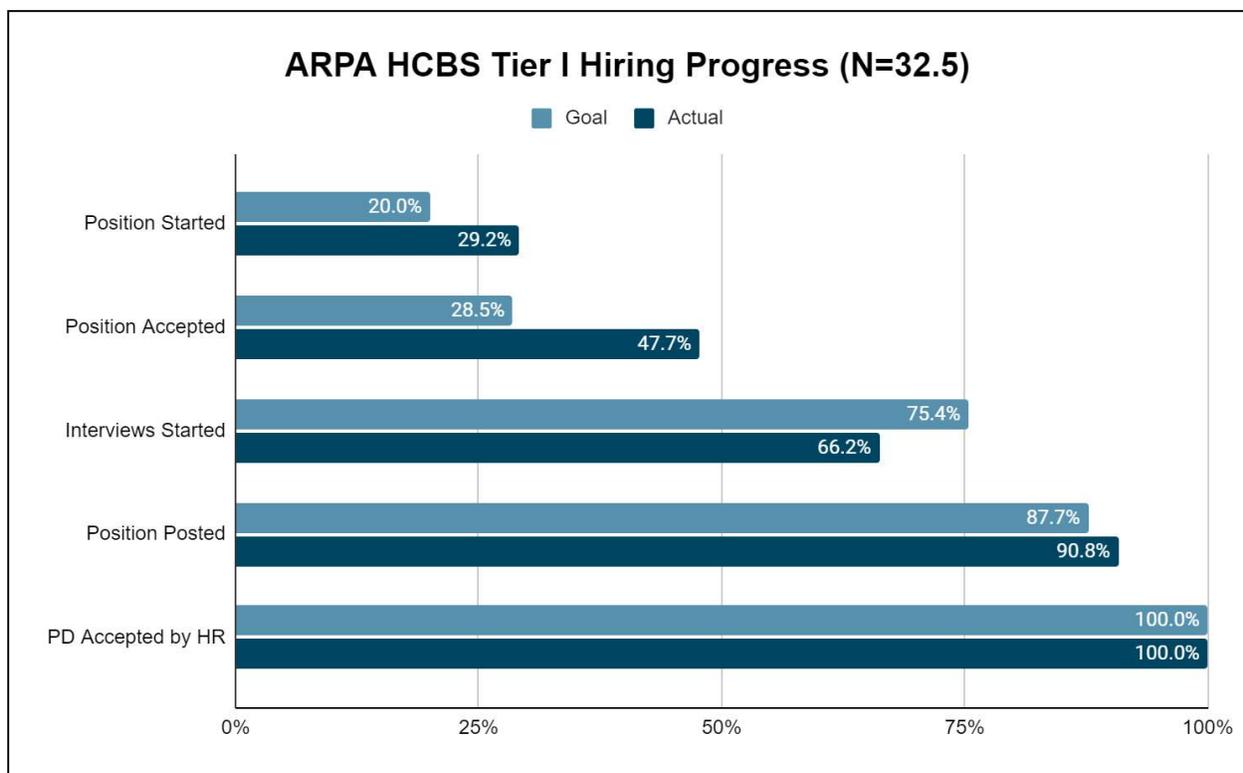
The Department will conduct regular reviews of these processes and attempt to identify barriers and delays on both the process and position classification levels.

**Figure 3: Recruitment Process and Tracking**



As noted above, ARPA project teams continue to work to hire the staff needed to appropriately lift these projects. As of this report, hiring is on track with internal goals. Of the 33 positions deemed as Tier I, all have finalized position descriptions, which have been approved by Human Resources. As of January 3, 2022, 8 positions are posted with another 6 in the interview stage. 16 positions have been hired. As shown in figure 4, the Department is meeting hiring goals across all hiring phases, except for interviewing. Interviews were delayed slightly by the holidays and several position postings being extended, which can be easily addressed and will be back on track within the coming weeks.

**Figure 4: Hiring Progress, Tier I Positions as of January 3, 2022**



**Procurement Status**

The ARPA Project Teams have also begun the procurement process for Phase 1 projects. The Procurement Team has provided guidance and training to the ARPA project teams about the procurement process and have offered guidance on timeframes for each contracting vehicle and how teams can expedite those processes by quickly reviewing documents and shortening turnaround times while working with Procurement. Currently, there are 13 Scopes of Work (SOWs) in process, and three (3) executed contracts for Phase 1 projects. This status is on track with our anticipated projections for progress related to procurement for phase 1 projects.

Since the Phase 2 projects just kicked off on January 1, 2022, the ARPA Project Support Team has begun conversations with these teams about how they can support Phase 2 project hiring and procurement to ensure they are completed in a timely manner.

## **Analytics & Project Tracking**

The ARPA Project Support Team is working closely with the HCPF Enterprise Project Management Office (EPMO) to develop a suite of analytics and reporting tools with the intent of informing sponsors of key program progress in a thorough and consistent manner across the agency. The Department is using Microsoft Project, Project Web App (PWA), as the basis for all project planning and is developing dashboard functionality through the Power BI data visualization tool.

All of the phase 1 projects are now underway, and as of the writing of this report, the phase 2 projects are in the planning and ramp-up stage. Project plans are completed and uploaded into PWA for phase 1 and development of plans is beginning in phase 2. Teams are still finalizing outcome measurements. The ARPA Projects Team is in the process of developing a reporting metric dictionary through which measures, algorithms, and metric characteristics will be captured for each individual project. The ARPA Project Support Team will be responsible for supporting the collection of these measures, as well as their aggregation and reporting across projects.

In alignment with the Governor's Office and the Office of State Controller's guidance, ARPA Project Teams will develop reporting metrics for each initiative focused on three areas:

- Project - Project management metrics reported consistently across all projects
- Output - Practical, initiative-specific measurement elements
- Outcome-Based - Initiative-specific metrics connected directly to the intended purpose or spirit of the project

As noted above, many of the project-based measures are captured in Microsoft Project Online (PWA) and available within the project dashboards. The first iteration of a dashboard, customized for the JBC, is included below (figure 5). We anticipate this version will be modified as projects advance in maturity.

The dashboards the Department is developing for this initiative includes the following functionality:

**Section 1** displays a summary of the selected projects, providing a status of those projects as reported by the project manager. These statuses reflect the project's health from 'on track' to 'watch' to 'needs help'. Aggregate statuses of the selected projects are reported including Overall, Schedule, Resource, and Budget. For the project set selected, the project count and aggregate percentage complete are also displayed.

**Section 2** displays information by project phase. As discussed in the report narrative, the project initiatives have been split into four different launch phases. This section displays the count and aggregate status of project health ('on track' to 'watch' to 'needs help') by phase. At the time of this writing, projects in phase 1 are underway, and phase 2 has recently launched.

**Section 3** identifies the status of hiring by Tier over time. Specifically, this section tracks the PD posting date, the interview/recruiting process, and the offer and onboarding process.

**Section 4** represents the individual project section from which aggregate data is drawn. It also shows a more detailed view of the individual project activity and the ability to access a more detailed project page (presently under development).

Figure 5. JBC Dashboard: Project Reporting, page 1

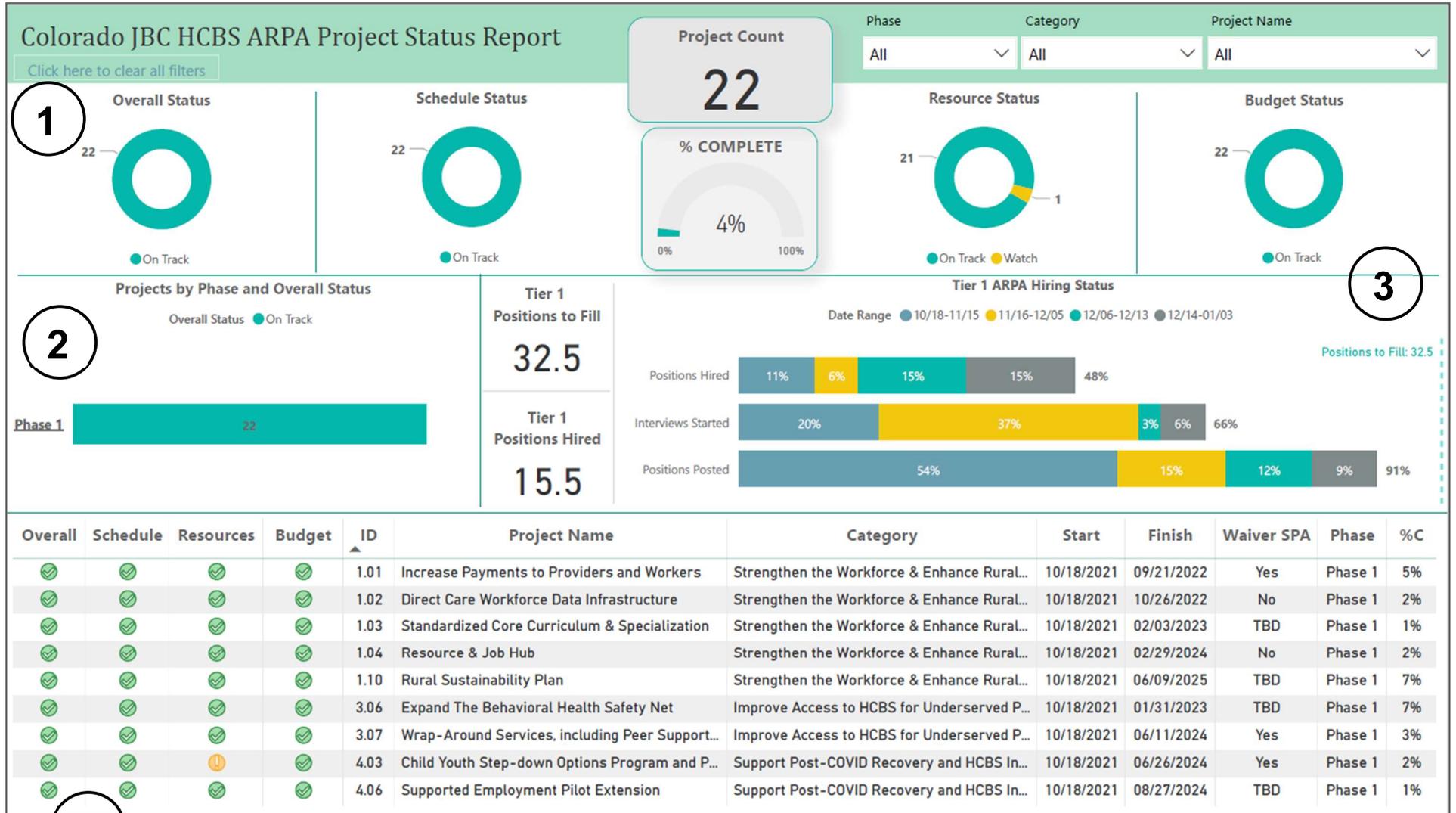


Figure 5. JBC Dashboard: Project Reporting, page 2

Colorado CMS HCBS ARPA Project Status Report (Page 2)												
Overall	Schedule	Resources	Budget	ID	Project Name	Category	Start	Finish	Waiver SPA	Phase	%C	
✔	✔	✔	✔	4.09	Respite Rate Enhancement	Support Post-COVID Recovery and HCB...	10/18/2021	05/25/2022	No	Phase 1	2%	
✔	✔	✔	✔	4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery and HCB...	10/18/2021	02/26/2025	No	Phase 1	2%	
✔	✔	✔	✔	4.12	Community First Choice	Support Post-COVID Recovery and HCB...	10/18/2021	05/06/2024	No	Phase 1	2%	
✔	✔	✔	✔	5.01	Case Management Capacity Building	Strengthen Case Management Redesign	10/18/2021	03/14/2024	No	Phase 1	3%	
✔	✔	✔	✔	5.03	Case Management Rates	Strengthen Case Management Redesign	10/18/2021	07/14/2022	No	Phase 1	4%	
✔	✔	✔	✔	5.04	Case Care Management Best Practices	Strengthen Case Management Redesign	10/18/2021	04/10/2024	No	Phase 1	6%	
✔	✔	✔	✔	5.05	Case Management Agency Training Program	Strengthen Case Management Redesign	10/18/2021	01/24/2024	No	Phase 1	7%	
✔	✔	✔	✔	6.01	Home Health and PDN Acuity Tool	Invest in Tools & Technology	10/18/2021	03/19/2024	No	Phase 1	2%	
✔	✔	✔	✔	6.06	HCBS Provider Digital Transformation & EHR E...	Invest in Tools & Technology	10/18/2021	05/21/2024	No	Phase 1	1%	
✔	✔	✔	✔	6.08	Care And Case Management System Investme...	Invest in Tools & Technology	10/18/2021	08/07/2024	No	Phase 1	8%	
✔	✔	✔	✔	6.09	Updates to Salesforce Database	Invest in Tools & Technology	10/18/2021	12/08/2022	No	Phase 1	5%	
✔	✔	✔	✔	6.12	Systems Infrastructure for Social Determinant...	Invest in Tools & Technology	10/18/2021	04/26/2024	No	Phase 1	1%	
✔	✔	✔	✔	8.06	PACE Licensure	Enhance Quality Outcomes	10/18/2021	01/22/2024	TBD	Phase 1	6%	

4

Appendix 1 provides more detailed information for each of the 65 HCBS ARPA projects. For the purposes of consistency, the project descriptions remain as initially reported with minor updates. For ease of identification and review, we have pulled out the state plan amendment and/or waiver amendment and sustainability plan information for each project, as well as added a dedicated section for each initiative where status updates are included. For ease of navigation, we have provided a list of those projects within the first implementation phase (table 7).

**Table 7: Phase 1 Projects**

Project ID	Project Name (link)	Behavioral Health Projects	Project Category
1.01	<a href="#">Increase Payments to Providers and Workers</a>		Strengthen the Workforce & Enhance Rural Sustainability
1.02	<a href="#">Direct Care Workforce Data Infrastructure</a>		Strengthen the Workforce & Enhance Rural Sustainability
1.03	<a href="#">Standardized Core Curriculum &amp; Specialization</a>		Strengthen the Workforce & Enhance Rural Sustainability
1.04	<a href="#">Resource &amp; Job Hub</a>		Strengthen the Workforce & Enhance Rural Sustainability
1.10	<a href="#">Rural Sustainability &amp; Investment</a>	x	Strengthen the Workforce & Enhance Rural Sustainability
3.06	<a href="#">Expand the Behavioral Health Safety Net</a>	x	Improve Access to HCBS For Underserved Populations
3.07	<a href="#">Wrap-Around Services, including Peer Supports for Members with Complex Needs</a>	x	Improve Access to HCBS For Underserved Populations
4.03	<a href="#">Child/Youth Step-down Options Program and Provider Recruitment</a>	x	Support Post-COVID Recovery & HCBS Innovation
4.06	<a href="#">Supported Employment Pilot Extension</a>		Support Post-COVID Recovery & HCBS Innovation
4.09	<a href="#">Respite Rate Enhancement</a>		Support Post-COVID Recovery & HCBS Innovation
4.10	<a href="#">Home Modification Budget Enhancements</a>		Support Post-COVID Recovery & HCBS Innovation
4.12	<a href="#">Community First Choice</a>		Support Post-COVID Recovery & HCBS Innovation
5.01	<a href="#">Case Management Capacity Building</a>		Strengthen Case Management Redesign
5.03	<a href="#">Case Management Rates</a>	x	Strengthen Case Management Redesign
5.04	<a href="#">Case/Care Management Best Practices</a>	x	Strengthen Case Management Redesign
5.05	<a href="#">Case Management Agency Training Program</a>	x	Strengthen Case Management Redesign

6.01	Home Health/PDN Acuity Tool		Invest in Tools & Technology
6.06	HCBS Provider Digital Transformation		Invest in Tools & Technology
6.08	Care & Case Management System Investments		Invest in Tools & Technology
6.09	Updates to Salesforce Database		Invest in Tools & Technology
6.12	Systems Infrastructure for Social Determinants of Health		Invest in Tools & Technology
8.06	PACE Licensure		Enhance Quality Outcomes

## Timeline and Next Steps

The Department has begun implementation of 22 phase 1 projects and is eager to further implement the next 18 phase 2 projects, which started January 1, 2022. Over the next quarter, phase 2 project teams, with project management support, will further refine their initiative's timelines, deliverables, and outcomes. Phase 1 projects will continue to map out project plans with detailed deliverables and resource allocation. Hiring of key staff will be well underway, allowing projects to fully progress. Procurement of contractors will also move forward, with drafted contract requirements formalized. Finally, project performance metrics will be fine-tuned and incorporated into dashboards for ongoing monitoring. These may include the collection and reporting of process, output, outcome, and member, family, and provider experience data to inform the initiative's progress towards success. Additionally, project teams will collect information about best practices and lessons learned. We appreciate the Joint Budget Committee's ongoing collaboration and partnership and look forward to continuing to provide updates through our quarterly reports.

## Appendix 1: Project Descriptions & Updates

### 1. Strengthen the Workforce & Enhance Rural Sustainability

#### Initiative 1.01. Increase Payments to Providers and Workers - Phase 1

[Return to Phase 1 Project List](#)

At the heart of the ARPA is the call to support the recovery for those most impacted by the COVID-19 pandemic. Older adults and people with disabilities, their families, and those that support them have been devastatingly affected by this virus and the full extent of the impact has yet to be felt. As we emerge from the pandemic, stabilizing the direct care workforce is the most immediate priority. For that reason, as of January 1, 2022 the Department, in collaboration with the Polis-Primavera administration, implemented a \$15/hour base wage for Colorado's Medicaid, HCBS direct care workers and a rate increase for provider agencies.

A rate increase to accommodate a new \$15 per hour base wage requirement for frontline staff providing direct hands-on care implemented on Jan. 1, 2022 through April 15, 2023. The services targeted for this increase include:

- Adult Day
- Alternative Care Facility
- Consumer-Directed Attendant Support Services (CDASS)
- Community Connector
- Day Habilitation
- Homemaker
- In-Home Support Services (IHSS)
- Mentorship
- Personal Care
- Prevocational Services
- Residential Habilitation
- Respite Care
- Supported Community Connections
- Supported Employment
- Supportive Living Program

The Department understands that direct care workers' wages vary considerably across geography, provider type, and internally, depending on experience and length of employment. For this reason, the expectation will be that all direct care workers currently employed receive at least \$15 an hour. All new Home and Community-Based

Services direct care workers hired after Jan. 1, 2022, must also have a wage of at least \$15 per hour.

In addition to the rate increase for the new base wage, the Department has also increased provider rates for the services listed above except for Consumer-Directed Attendant Support Services (CDASS), and adding Non-Medical Transportation, by 2.11% retroactively to April 1, 2021, and going forward through July 31, 2022.

To ensure stability across the long-term services and supports continuum, case management will be increased by 2.11% from April 1, 2022 through June 30, 2023, pending federal approval. Additional adjustments will be made for the Program for All Inclusive Care for the Elderly (PACE) providers due to common policy changes within HCBS as well as a rate increase next calendar year.

#### *State Plan Amendment and Waiver Information*

The Department received approval for an Emergency Preparedness and Response Appendix K (Appendix K) amendment on [October 19, 2021](#) to allow for the 2.11% rate increases. Approval for the \$15 per hour base wage through a rate increase for HCBS direct care workers was approved through Colorado's Appendix K amendment on [November 5, 2021](#). As Colorado's Appendix K amendment is effective until July 1, 2022, the Department plans to submit a 1915(c) waiver amendment to ensure these changes continue long-term.

#### *Sustainability Plan*

Understanding that the ARPA funds have an end date, we are committed to identifying funds to ensure long-term sustainability of this effort. Included within the Department's Fiscal Year 22-23 budget requests is funding to sustain the \$15/hour base wage increase for all direct care workers employed by HCBS providers.

#### *Status Update*

The Department retroactively applied a 2.11% increase for HCBS providers effective April 2021, in part, to assist with retaining direct care workers. This increase currently is effective through March 31, 2022, but the Department has proposed to use additional funds available to extend the increase through July 31, 2022.

The Department also finalized regulations to implement a \$15/hour minimum wage for direct care workers. As of this writing, the \$15/hour wage requirement and corresponding rate increase is implemented (effective January 1, 2022). The Department has worked to make implementing the \$15/hour base wage initiative as seamless and straightforward as possible for members and providers. For example,

the Department compiled and developed a robust frequently asked questions document (FAQ), developed several memorandums giving guidance on the initiative, discussed the initiative at over five stakeholder meetings, including on targeted meeting that had over 130 participants.

To implement the rate increase for PACE Organizations, the Department is working to assess the corresponding changes to the Upper Payment Limit or UPL and capitation rates for each PACE provider with our actuary. The Department will be retroactively adjusting Fiscal Year 20-21 Quarter 4 rates to all PACE Organizations soon. Fiscal Year 21-22 rates are still being calculated to account for the home and community-based services wage increases that go into effect on January 1, 2022. The Department anticipates the adjustments will be finalized at the end of January.

The Department has also been working to implement the Case Management Agency rate increase, which goes into effect this Spring. The team is working with procurement on options letters for both the Community Center Boards and the Single-Entry Points to update the rates tables to include the 2.11% rate increase. The Department anticipates these new rates will go into effect April 1, 2022. Initially this was set to run through March 31, 2023, but the Department has proposed to extend the timeline to align with the fiscal year and contract timelines, ending June 30, 2023.

To manage the work associated with these rate increases, the project team has created a project plan and has developed project success measures for this program. The team has completed the following tasks to operationalize the rate increases: system changes to enact the increase; the development of an attestation and audit process; establishment of a grievance process; and execution of supporting regulatory framework.

#### Initiative 1.02. Direct Care Workforce Data Infrastructure - Phase 1

[Return to Phase 1 Project List](#)

Under this project, the Department will expand the data infrastructure to better understand the current supply and demand for direct care workers and to track the impact of each investment strategy on recruitment, retention, and turnover. The Department will develop two surveys for the direct care workforce. The first survey will be a staff stability survey for providers of long-term services and supports (LTSS) waiver services and will include data collection on the number of direct care workers (DCWs) providing care, turnover rates of DCWs, percentage of DCWs that are full-time or part-time, DCW vacancy rates, and hourly wages for all DCWs. The second survey will be for direct care workers rather than the employers to determine, at a

minimum, their satisfaction with compensation, benefits, career advancement, training, and their overall satisfaction with their employment. This survey will evaluate why there is a workforce crisis among direct care workers and what the Department can do to address it. The surveys will be administered multiple times to supply comparative data. This project will fund the development of the surveys, data collection, and analysis. These surveys will assist in strengthening the data infrastructure in the short and long-term to better understand the workforce and evaluate the strategies outlined in this plan.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

Maintaining currency in understanding of the environment and motivations for employment in the direct care workforce will be critical to alleviating the shortages in this field. Beyond the initial project efforts, the Department intends to continue use of the tools and data infrastructure developed under this initiative. Surveys will be updated and used to maintain baseline data intended to inform direct care workforce efforts, recruitment and retention policies, and even skills-based career latticing.

#### *Status Update*

A tentative offer has been extended to a new team member to support this project effort, with an expected start in early February 2022. In the meantime, the Department is utilizing existing resources and has developed a draft project schedule within the Microsoft Project Online environment and established a regular cadence of meetings to maintain project momentum. The project team has reached out and begun conversations with national leaders to initiate efforts around survey development and execution.

#### Initiative 1.03. Standardized Core Curriculum & Specialization - Phase 1

[Return to Phase 1 Project List](#)

The Department will develop a standardized curriculum and training program for homemakers and personal care workers to establish quality standards, as well as increasing specialized qualifications tied to wage increases. The Department will develop a homemaker and personal care worker curriculum to include modules on specialized topics, such as Alzheimer's disease and related dementias and mental and behavioral health care and make the training available for free in-person through a train-the-trainer model and online. Initial work has already been completed via the

Training Advisory Committee per SB 19-238, “Improve Wages and Accountability Home Care Workers.”

These trainings will be developed using a ‘universal worker’ structure, designed for use by individuals working in a variety of settings and with different populations. The modules will be adaptable depending on the employer, client, and worker’s needs, and training certificates will be transferable across employers. Funding will support training development, creation and launch of the online training platform, hosting statewide train-the-trainer sessions, and pilot testing and evaluating the new curriculum. These trainings will ‘live’ on the newly created Resource & Job Hub (initiative 1.04) for sustainability and ongoing management.

#### *State Plan Amendment and Waiver Information*

The Department will review and submit a waiver amendment after development efforts are complete should training be deemed a condition of provider qualification.

#### *Sustainability Plan*

The Department recognizes that maintaining worker relevance, building skill sets, and advancing opportunities for the direct care workforce is critical to addressing the shortfalls in this employment segment. Education is one of the keys to this transformation. Once the training modules and structure have been developed, the Department is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

#### *Status Update*

The project team has diligently been working to establish and resource a project plan that has been uploaded to Microsoft Project Online. They have also defined a suite of metrics outlining project success outcomes and started reviewing the field of qualified curriculum developers and begun defining the scope of contract requirements. While completing these efforts, the team has also been engaged in recruiting additional staff support for this project. An individual has accepted the positions and a February 1<sup>st</sup> start date is planned.

#### Initiative 1.04. Resource & Job Hub - Phase 1

[Return to Phase 1 Project List](#)

The Department will create a resource, job search, and employer matching hub for direct care workers to ease their entry into the job. This funding will support the development of a website for the direct care workforce where interested individuals can go to receive information and resources about direct care positions, access free training, and view job boards to quickly be placed in positions. The newly developed

personal care/homemaker training will be accessible through this site, and individuals who completed the training would be entered into a database for easy tracking of certification. The Department is partnering with our internal health information office and the State's Office of Information Technology to ensure long-term sustainability of the site.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The Department is enthusiastic about launching this new resource to expand and embolden opportunities for the direct care workforce. Increasing the ease of navigation to employment paired with standardized skills validation (Initiative 1.03) is seen as a critical component to maintaining a sufficient and successful workforce. While the Department recognizes the inherent competition of this endeavor, it is looking to develop complementary relationships with employment partners and exploring additional options for continued maintenance and operations of these efforts beyond the ARPA funding period.

#### *Status Update*

The project team is currently working through the steps of project planning, having completed establishing project metrics and a project schedule. As the Department moves forward with this effort, it is continuing to engage workforce partners and worker resources for further input on design and implementation. As the team establishes some of the desired site requirements it is reviewing procurement options towards acquiring a development vendor.

#### Initiative 1.05. Establish a Training Fund - Phase 2

**Note:** *As of December 2021, this project has incorporated project 3.03 Disability Cultural Competency Training for Behavioral Health Providers under the scope of its efforts.*

Providing more training opportunities and incentives for workers to gain higher level skills would promote greater retention within the workforce. The Department will establish a training fund targeted to high-demand jobs and to support specialization and advancement opportunities for the HCBS workforce, including the behavioral health workforce. Funds may be distributed directly to the prospective or current worker, to the employer to provide the training to their employees, or to a training provider. Additionally, funds may be used to expand standard training provider resources or trainer availability where gaps exist. This project will also develop a disability-specific, culturally competent curriculum that includes the different types

of disabilities and incorporates people's lived experiences to help providers understand diverse populations' perspectives. The training will include information, examples, and skill-building activities on how best to serve the disability community. The goal of this fund is to provide short-term funding to incentivize and expand training opportunities for the HCBS workforce with the goal of increasing recruitment and retention.

#### *State Plan Amendment and Waiver Information*

The Department will submit waiver amendment documentation in support of program changes upon completion of cultural competency curriculum development should training be a condition of provider enrollment.

#### *Sustainability Plan*

The Department recognizes that addressing HCBS workforce shortages requires a multifaceted approach. Depending on the outcomes of this project effort, the Department will review feasibility for continuing enhanced training efforts on an ongoing basis and look to define best practices from that which is developed.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started. In addition to combining initiative 3.03 Disability Cultural Competency Training for Behavioral Health Providers with this project, it was determined by the project team that the current funds and scope did not include enough focus on the behavioral health workforce. Thus, to further support training for the HCBS workforce, additional funds were added to offer further training opportunities for behavioral health workers focused on skill building, upskilling and peer supports.

#### Initiative 1.06. Career Pathways - Phase 2

The Department will establish income-based, affordable pathways to build career advancement opportunities for the healthcare workforce. The Department will partner with the Colorado Community College System, the Department of Higher Education, and the Department of Labor and Employment to work on career development pathways for direct care workers. This project will leverage the existing work within our sister agencies and incorporate the deliverable into ongoing initiatives.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

ARPA funding is being utilized to enhance and enrich the existing overall structure for our direct care workforce. In such, this effort is solely intended as a catalyst to propel efforts forward and for the continuation of these efforts to be borne by our sister agencies and workforce partners. The Department will maintain partner engagement to ensure workforce advancement efforts continue.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started. As a phase 2 project, the work will begin sooner than originally anticipated (July 2022). For this reason, the budget was increased to account for the additional approximately six months of work.

#### Initiative 1.07. Public Awareness Campaign - Phase 2

The Department will launch a public awareness campaign about the value and importance of the direct care workforce, as well as use the campaign to promote careers in the field, including opportunities to move into other allied health roles. The campaign will garner workforce pride as well as greater respect and appreciation for these positions, which will ultimately help with recruiting and retaining individuals into the field.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

Changing perceptions of the roles and importance of the direct care workforce is integral to overcoming the shortages growing in this workforce segment. The Department recognizes that awareness and outreach are critical components of achieving this transition. The Department will assess the outcomes of campaign efforts and determine the level of importance and the feasibility of continuing awareness and other campaigns. Additionally, the campaign will direct individuals to the newly established Resource & Job Hub (initiative 1.04) which will serve as an on-going site available for information and resources about direct care for those interested in pursuing a career in the field.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

#### Initiative 1.08. Home Health Delegation - Phase 4

One way to expand the workforce in the home health field is to ensure that all workers are working at the top of their licenses. For example, Registered Nurses (RNs) may delegate skilled tasks to a Certified Nurse Aide (CNA) that they otherwise would not be able to perform. An RN provides training to the CNA to perform the skilled task and the task is then delegated to them, allowing a CNA to practice to the top of their license and potentially increase their wages, leading to longer-term retention. The Department will explore opportunities for further developing the home health workforce. This includes an environmental scan to identify care deserts, a survey to understand barriers, and subsequently, implementing solutions to increase delegation to this workforce, thereby enabling increased wages, retention, and recruitment. In addition, the Department will provide incentive payments to home health agencies that provide innovative models of care, such as increased delegation.

#### *State Plan Amendment and Waiver Information*

If identified solutions change scopes of service or reimbursement methodologies, the Department will submit a State Plan Amendment to support these efforts long term.

#### *Sustainability Plan*

This one-time policy analysis will allow the Department to develop a formal strategy for whether and how these efforts will continue.

#### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

#### Initiative 1.09. Workforce Compensation Research - Phase 3

Wages are not the only consideration in someone's decision to work in a certain field. The Department will research innovative opportunities for increasing compensation for the HCBS workforce in other ways. The Department will identify ways to provide childcare for direct care workers; explore funding for shift differentials; and identify other practices that could better support low-income workers, such as hiring retention specialists or case managers within home care agencies whose job is to support the frontline workers.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The scope of this effort is limited to research efforts. At the time of project completion, the Department will have a suite of potential actionable offerings and will review the scope of implementation options available.

### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

### Initiative 1.10. Rural Sustainability and Investment - Phase 1

[Return to Phase 1 Project List](#)

Investing in rural communities to strengthen care access is critical in Colorado. This initiative will include implementation of three key strategies to ensure the sustainability of providers in rural communities, with the focused aim of strengthening and enhancing Colorado's Medicaid and HCBS workforce. These initiatives are especially targeted at bolstering Colorado's rural Medicaid and HCBS infrastructure, providers, and members. These strategies include: Identifying Care Gaps, Developing Geographic Modifiers, and Creating Shared Systems in Rural Communities.

The first of these strategies is to expand the provider network in rural communities by identifying gaps and potential opportunities for expansion. A care desert, also known as a medical desert, exists mostly in rural places and inner cities and leads to inequalities in health care. The federal government now designates nearly 80 percent of rural America as 'medically underserved.' About 20% of the U.S. population live in rural areas, but only 10% of doctors and other health care professionals operate in those regions, and that ratio is worsening each year. Additionally, a higher proportion of rural populations are made up of those over the age of 65.

The Department first needs more data and analysis on where there are care deserts and potential solutions in those areas. The Department will complete an environmental scan of Colorado's current HCBS provider network via a GIS heatmap; create a tool for the Department to update and track progress on a statewide level; identify gaps by waiver, service, and provider type; find out which populations are the most impacted; and give recommendations for provider or service expansion and solutions in a final report.

One way to help prevent a care desert is to pay providers differently by region to account for differences in cost structure, which would encourage more people to work in direct care professions in areas that are currently underpaid. The Department will design rates by geographic region to account for the cost differential associated with different locations. Geographic modifiers are intended to improve the appropriateness of Medicaid rates to providers by accounting for the differences in

prices for certain expenses, such as clinical and administrative staff salaries and benefits, rent, malpractice insurance, and other defined costs. The Department is dedicated to identifying ways for implementing these proposed geographic rates if found advantageous in the Sustainability Plan.

The workforce shortage is particularly concerning in rural areas. The Department will research ways to partner with hospitals and rural health clinics to identify opportunities to share resources and/or more efficiently and creatively offer services in rural areas. The goal of this initiative is to increase access to services by setting up partnerships across hospitals, clinics, and HCBS providers to share certain resources between them. This may include using a coordinated pool of workers, training, personal protective equipment, or other resources. The Department, in partnership with the Office of eHealth Innovation, will identify areas that would benefit from this approach and recommendations on how to pursue and implement it. The Department will then set up a pilot program by finding members and providers to test out the model. The Department will evaluate the pilot by analyzing whether the desired outcomes were achieved, interviewing participants, and providing final recommendations on next steps and sustainability.

#### *State Plan Amendment and Waiver Information*

Not at this time. Once the rate proposal is developed and pilot efforts completed, the Department will assess the need for programmatic changes and submit any appropriate administrative process documentation.

#### *Sustainability Plan*

Upon reviewing the outcomes of these sustainability efforts, the Department will identify and address any necessary administrative and operational measures to support program longevity.

#### *Status Update*

The project team is moving forward with planning efforts. A draft project schedule and project measurement objectives are currently being developed. Three scopes of work (SOWs) have been submitted to procurement to begin the process of securing contracting support for the three phases of this project. Additionally, the Department is in the final stages of hiring an additional staff member to support this initiative.

## 2. Improve Crisis & Acute Services

### Initiative 2.01. Behavioral Health Transition Support Grants to Prevent Institutionalization - Phase 2

Under this project, the Department will offer short-term grant funding for behavioral health crises and transition services to support higher acuity members moving from an institution, hospital, or corrections to the community, specifically focusing on increasing capacity for community-based care. The Department would create grants for local communities, including providers, non-governmental organizations, and counties, to implement programs that are specific to their behavioral health capacity needs and geographic area. Grantees may request funding for implementation projects that improve service delivery options for crisis and transition programs or create pathways that improve care transitions. The focus will be on complex populations, with a history of institutionalization, and support step-down services specifically to help move individuals from inpatient to community settings. This grant would prioritize transition services that serve those that are disabled due to a mental health diagnosis.

Lessons learned from prior Department work transitioning members from long-term care institutions with the Colorado Choice Transitions Program will inform the design of the grant program, as will extensive stakeholder engagement. Providers may request funding for program improvements, infection control, staff training, best practice implementation costs, regulatory compliance, and community integration.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The Department intends to review the grant program outcomes to determine the efficacy of specific efforts and determine feasibility of inclusion into program operations.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

### Initiative 2.02. Expand Behavioral Health Mobile Crisis Teams - Phase 2

The Department will supercharge activities related to the mobile behavioral health crisis teams, which offer an alternative to police or Emergency Medical Services (EMS) transport for a person in a mental health or substance use disorder crisis. Currently in

Colorado there are differing practices, pilots, and approaches to behavioral health crisis calls.

The Department will provide funding in the form of grants to support this effort. Grantees could utilize funding to start a program or to come into compliance by using funds for required staff training, increasing their capacity for 24/7 response, equipment purchases, and potential technology needs. Funds would also be available to create more culturally responsive mobile crisis services in Colorado.

#### *State Plan Amendment and Waiver Information*

The Department is developing and plans to submit a waiver to CMS to authorize a universal mobile crisis benefit for Medicaid members by Sept. 30, 2022 via an external workstream for CMS Grant 2I2CMS331818-01-00.

#### *Sustainability Plan*

This project initiative will afford the opportunity to develop and refine alternative approaches to addressing emergency behavioral health needs. Recognizing both the importance and impact these initiatives will have, the Department is developing a benefit program to authorize universal mobile crisis benefit for Medicaid members.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

#### Initiative 2.03. Institute for Mental Disease (IMD) Exclusion, Risk Mitigation Policy - Phase 2

As a complement to the crisis service grant programs, the Department will explore the detailed policy and licensing requirements of different provision types that are federally prescribed when serving persons experiencing behavioral health crises. Colorado currently has a network of different facilities that can be used to assist a person in crises including Acute Treatment Units (ATU), Crisis Stabilization Units (CSU), emergency rooms, and when needed, traditional hospitalization. Both emergency rooms and hospitals come at higher costs, may lack behavioral health expertise, and may experience capacity issues to serve persons with medical needs when supporting persons in crises.

By contrast, ATUs and CSUs are especially adapted to behavioral health crises. However, to ensure the State's new model of care from crisis response to crisis service delivery is successful, there needs to be compliance work completed with ATUs and CSUs. Crisis units must operate in compliance with federal Institutes for

Mental Disease (IMD) regulations to receive Medicaid funding. Currently these crisis units are unable to serve and/or receive reimbursement for members who make up most of all calls to the statewide Crisis Services hotline.

ATU and CSU facilities were not folded into the Department's recent child serving policy revisions to address the risk of being considered IMDs. Through this project, the Department will work to review these facilities, including their programming and campus structure, from a lens of IMD standards to identify ways to address any IMD concerns. If they are considered IMDs, Medicaid funding is completely restricted. These facility types are providing critical crisis services so this project will explore ways to mitigate the risk of these providers meeting the IMD criteria and how we can maintain their services, which could include a waiver, policy recommendations or other mitigation efforts. The Department will generate recommendations on how to mitigate IMD risk as the state promotes the use of ATUs and CSUs in lieu of hospitalization or institutionalization, including the costs and benefits of the State seeking an 1115 waiver.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project. However, the Department will review research developed under this effort and decide if the development of a demonstration waiver is appropriate.

#### *Sustainability Plan*

This one-time policy analysis will allow the Department to identify any ongoing supportive activities.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

### **3. Improve Access to HCBS For Underserved Populations**

#### Initiative 3.01. Equity Study - Phase 3

Individuals receiving HCBS in Colorado are more likely to be white and English-speaking than the overall state population and general Medicaid population. It is unclear what is driving the disparity or how to create more equity in HCBS. This project would aid in better understanding who receives HCBS in Colorado and what services they receive, where the gaps are, and target outreach to ensure HCBS services are provided to all Coloradans who are eligible.

The study will address the following:

- Internal data analysis: Identify disparities in HCBS by analyzing enrollment and utilization data by race, ethnicity, language, and geography; develop a snapshot report that identifies disparities across the system to be presented to stakeholders in the community.
- External stakeholder feedback and recommendations: Based on disparities identified, contract with a vendor to gather feedback from stakeholders and write up recommendations.
- Implementation planning: Once recommendations are gathered, an internal team will put together an implementation plan to begin creating more equity in HCBS.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

Upon completion of the Equity Study, the Department will consider the options to operationalize inclusion efforts.

#### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

#### Initiative 3.02. Buy-In Analysis - Phase 4

Many people with disabilities are interested in working. Health insurance coverage can have an important relationship to employment for people with disabilities. For example, persons with disabilities on Medicaid may be concerned that they will lose their Medicaid coverage if they enter or return to the workforce. Commercial or employer-based health insurance might not provide coverage for services and supports that enable people with disabilities to work and live independently such as personal assistance services. The purpose of the Medicaid buy-in program is to allow persons with disabilities to purchase Medicaid coverage that helps enable them to work. Through this initiative, the Department will research strategies to improve equity outcomes by analyzing the financial, population size, and demographic impacts of using less restrictive eligibility income and resource methodologies for individuals with disabilities. This project will also include targeted outreach to ensure individuals know about the buy-in program for members with disabilities who are working and how they are able to qualify and retain their assets.

#### *State Plan Amendment and Waiver Information*

Per Colorado Senate Bill 20-033, the Department is updating our Elderly, Blind and Disabled, Community Mental Health Supports (CMHS), Spinal Cord Injury (SCI), Supported Living Services (SLS), and Brain Injury (BI) waivers for an effective date of July 1, 2022 to include Buy-In for individuals over the age of 65. Though not specific to this ARPA project, this effort was part of the catalyst to moving forward with additional efforts, to enhance opportunities for access to services for those who are actively working. The ARPA project described above does not include any state plan amendments or waivers. Once the analysis is complete, the Department will pursue any programmatic or administrative changes necessary to implement a new approach.

#### *Sustainability Plan*

Upon completion of the Buy-In Analysis, the Department will explore the feasibility of implementing proposed solutions for encouraging employment among individuals with a disability on a long-term basis.

#### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

#### Initiative 3.03. Disability Cultural Competency Training for Behavioral Health

##### Providers - Phase 1

**Note:** This project has been incorporated into the scope of project 1.05 Establish a Training Fund project efforts. All future reporting will be conducted under that project effort.

[Return to Phase 1 Project List](#)

#### Initiative 3.04. HCBS Training for Members & Families - Phase 3

In addition to providing training for providers, the Department will develop and make available culturally competent trainings and resources for members and their families to assist with navigating the HCBS system. This will include providing education and support to family caregivers. The training project will provide information to members to help educate them on all waivers, navigate through the different waivers, and explain members' right to choose between service providers. The training would be member-focused, person-centered and in plain language for ease of use.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The suite of developed training materials will be incorporated into the Department's currently available training resources for ongoing management and oversight.

### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

#### Initiative 3.05. Translation of Case Management Material - Phase 3

The Department does not currently have member-facing case management material translated into all necessary languages. The Department will translate public facing case management materials, such as waiver charts, waiver flow charts, specialized behavioral health programs and benefits, and other basic information about waivers and other long-term services and support programs, into multiple languages for members and caretakers to understand in their own language. This work would also take into consideration other accessibility needs such as hearing and vision impairments.

### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

### *Sustainability Plan*

Recognizing the importance of inclusion for all programs, the Department is committed to ensuring developed materials are maintained and accessible beyond the ARPA funding period.

### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

#### Initiative 3.06. Expand the Behavioral Health Safety Net - Phase 1

[Return to Phase 1 Project List](#)

The Department has an opportunity with these funds to strengthen and expand the behavioral health safety net through provider training, workforce development, enhanced standards, high-intensity outpatient services, and value-based pay for performance models supporting whole-person care.

Over the past two years, the Department, in partnership with the RAEs, have aligned on a definition for high intensity outpatient services through a collaborative stakeholder engagement process. The safety net expansion effort will build upon and implement this definition through the following four projects:

- Conduct a gap analysis for high intensity outpatient services: The Department needs to assess the extent to which its current delivery system provides adequate high intensity outpatient services and to identify any needed improvements.

- Develop training and technical assistance to build capacity with providers and health plans: Providers will need technical assistance and other support to improve their capacity to deliver high intensity outpatient services.
- Develop value-based payment framework for high intensity services and whole person care: Providers will also need alternative financing models that better support whole person care and reward improved outcomes. The Department will create a new value-based reimbursement model to support the implementation of high intensity outpatient services and to improve capacity of the service networks.
- Assess and review regulatory foundations for high intensity outpatient services: To build adequate networks for high intensity outpatient services and to financially support these networks, the Department, working with the Office of Behavioral Health, needs to review and align their credentialing and contracting policies with the safety net framework. The Department will assess and revise critical regulations concerning high intensity outpatient services.

#### *State Plan Amendment and Waiver Information*

Upon understanding the full scope of potential program changes, the Department may submit a State Plan Amendment to address any modifications to existing program administration.

#### *Sustainability Plan*

The final stage of this project, regulatory and legislative review, speaks to the interest in longevity of the initiative. The Department is committed to implementing advanced strategies for transformation in delivery of high intensity outpatient services. Shifting from a pay for service to a performance compensation model is intended to change the focus of care to a person-centric model. As such, the Department will continue the initiative through programmatic changes and continue to monitor the progress of change implemented under the ARPA funding.

#### *Status Update*

The project is currently developing the project schedule and has begun establishing project metrics. Once established, the team will engage in efforts to identify and begin procurement efforts for both the gap analysis and the development of a value-based payment methodology. As the scope of the work was further developed, the proposed budget exceeded projections, requiring additional funds to support the project. Additionally, the scope of the initiative has been expanded to include helping Community Mental Health Centers (CMHCs) to improve their financial reporting to include more information to support analysis of cost and efficiency.

To accommodate these needs, the project budget has been increased. The Department is also currently in the process of hiring two term-limited staff in support of this initiative.

### Initiative 3.07. Wrap-Around Services, including Peer Supports, for Members with Complex Needs - Phase 1

[Return to Phase 1 Project List](#)

The Department will fund and develop a sustainability strategy for wrap-around services, including housing support services and community-based peer support, for recipients of complex social service benefits such as housing vouchers and supportive housing services. This will be focused on individuals with serious mental illness and a history of homelessness and repeat hospitalizations and will not include any funding for room and board.

Specifically, the Department will implement a pilot program to provide supportive services, including peer supports, behavioral health services, and supportive housing services, for 500 Medicaid members. Participating members will receive housing vouchers from the Colorado Department of Local Affairs (DOLA), which has committed 500 vouchers to the pilot program. This initiative is modeled on the evidence-based social impact bond project in Denver and targets individuals who have serious mental illness and have a history of homelessness and emergency care. The Department has also been awarded a technical assistance program by the National Academy for State Health Policy about how to best integrate services across state agencies to expand housing options to their shared clients who are unhoused.

With the support of the NASHP technical assistance grant, the Department would conduct an analysis of funding mechanisms and payment models and develop recommendations on how to improve support models of care for individuals with extensive history of complex social and behavioral health needs.

For providers, this would create options for them to expand their business models, increasing their solvency and the populations they are able to serve. It would build provider capacity, including housing service providers, and sustainability in rural areas where traditional care models are becoming more difficult to provide due to changing economic and population needs. It also aligns with Colorado's broader behavioral health safety net initiative in that it expands the network and financing of behavioral health specialty providers.

### *State Plan Amendment and Waiver Information*

The Department may submit a waiver or state plan amendment to build out the benefit package identified through the pilot program and subsequent evaluation.

### *Sustainability Plan*

Over the pilot period, the Department will collaborate with DOLA and the Colorado Department of Human Services (CDHS) to build a sustainability model for these housing supports by identifying which services are billable as wraparound Medicaid benefits and which are fundable through CDHS or DOLA. It is expected that this program model will be self-sustaining and, once ARPA funded efforts are completed, the Department may modify an existing waiver or establish a new waiver program to continue efforts into the foreseeable future.

### *Status Update*

The project has started planning efforts and conducted initial project meetings. Since team leadership is new to the project, they are familiarizing themselves with project objectives and establishing relationships with the Housing Workgroup, partner agencies, and other community resources. The team has identified key partners who could assist with designing and facilitating stakeholder engagement. The Housing Workgroup has developed a risk assessment and definition to be used in the identification of eligible members as well as working through data sharing considerations to ensure both member confidentiality and member choice as key contributors. As part of project efforts, a draft project plan has been established and staff are working through efforts to define metrics and measurement criteria. The project expects to onboard a team member in January 2022 with another position to post this quarter to fully support the needs of the project initiative.

### Initiative 3.08. Behavioral Health Capacity Grants - Phase 3

To finalize the suite of projects to expand the behavioral health safety net in Colorado, the Department will complete a final project focused on community identified service gaps that members experience when seeking behavioral health services. The Department will award small grants that focus on the following needs: rural behavioral health, tribal behavioral health, integrating care and treatment options in communities, substance use services, and filling other locally identified gaps in the care continuum. There will be a technical assistance component for grantees provided through a learning collaborative.

Funds will be distributed to smaller sub-awardees using evidenced-based practices. Awards would be prioritized to agencies mitigating care deserts or better serving the Colorado American Indian/Alaskan Native (AI/AN) population. This grant program will prioritize providers and programs that are improving their ability to serve individuals

with disabilities on an HCBS waiver, who also have co-occurring behavioral health (SUD and MH) needs with a focus on lower acuity services and smaller community-based providers compared to the previously mentioned initiatives. This includes Behavioral Health Services provided through Colorado's 1915(b)3 waiver.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

ARPA funding provides a one-time capacity building opportunity to local communities, allowing the Department to maintain a high level of service delivery across all member populations.

#### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

## **4. Support Post-COVID Recovery & HCBS Innovation**

### Initiative 4.01. Residential Innovation - Phase 2

Under this project, the Department will develop and pilot continuum models of care that incent the creation of financially viable small residential programs that are person-centered, with a focus on rural communities. This would be accomplished by completing an analysis and pilot program:

- **Models of Care Analysis:** The Department will conduct an analysis of funding mechanisms and feasibility on how to improve transitions of care for people transitioning from nursing facilities and other institutional settings and potential new models of care for investment and innovation.
- **Pilot Program:** The Department will develop a pilot to develop, design and/or implement a re-envisioned holistic community that combines natural/community supports, residential homes, and existing services across systems to support older adults and people with disabilities to live as they would like to in a safe, supportive community environment. Learnings from the pilot program will be used to scale the model to other communities and to provide best practice recommendations for further development of new, innovative models. The Department will hold at the forefront the HCBS Settings Final Rule, including CMS guidance and requirements for integration of persons residing in community placements, when researching, planning, and implementing this pilot program. It is the intent of this project to

determine whether a fully integrated, planned community can be one method for providing services to individuals with disabilities.

#### *State Plan Amendment and Waiver Information*

The Department recognizes the potential need for waiver amendments to support programmatic changes and will submit such requests once the scope of desired change is identified.

#### *Sustainability Plan*

The Department will closely examine the success and viability of supported communities and based on the outcomes, formally develop any necessary administrative documentation and other avenues for the ongoing support of such efforts.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

#### Initiative 4.02. Promote Single Occupancy - Phase 4

This project will focus on supporting assisted living facilities and group homes in creating more single occupancy rooms, which would help prevent the spread of diseases and promote greater independence among residents. The Department will research current practice and what it would take for these providers to offer more single occupancy rooms. The Department will offer incentive payments with state-only funding for providers to convert more space to single occupancy rooms.

#### *State Plan Amendment and Waiver Information*

Any changes in rate methodology would be supported by the appropriate rate setting structure and the submission of a waiver amendment.

#### *Sustainability Plan*

The pandemic has brought to light shortcomings in the current occupancy rates and impacts on disease transmission. The Department is exploring options for both improving quality of life and managing transmissibility in assisted living and other settings of concentrated care. Sustainability funding for these efforts is being reviewed for long-term viability.

#### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

## Initiative 4.03. Child/Youth Step-down Options Program and Provider Recruitment - Phase 1

[Return to Phase 1 Project List](#)

The Department will focus on those areas in which there are currently gaps in services and treatment programs for children and youth. These include members with Autism Spectrum Disorder, intellectual and developmental disabilities, severe emotional disturbance, as well as those with dual behavioral health and physical or developmental diagnoses.

The Department will work with several providers to develop a viable step-down treatment program, to create models of care that are financially viable and person-centered, with a focus on those children and youth who are currently being sent out of state for services. This project will also look at the creation or expansion of a step-down service between hospitals and a short-term residential placement.

### *State Plan Amendment and Waiver Information*

The Department may submit identified program and service changes through a State Plan Amendment if determined necessary.

### *Sustainability Plan*

The Department is committed to improving programs for child/youth, the capacity of the State to provide services to this population and managing program cost. The Department is committed to exploring outcomes from this effort to better provide services in this area.

### *Status Update*

As part of the planning process, the project team is currently developing a project schedule and determining resources and timing of activities. Program objectives and measurement criteria are in development as is the workgroup charged with the design of a viable step-down program. A term-limited subject matter expert is needed to fully resource this project and thus was deemed a Tier I priority hire. Currently, the project is in a 'watch' status for resources as the support position has not yet been posted for recruitment as of the time of this writing.

## Initiative 4.04. Alternative Care Facility Tiered Rates & Benefit - Phase 2

The Department currently pays one per diem rate for all members served in an Alternative Care Facility (ACF), regardless of the level of setting. The Department will develop a tiered rate methodology for setting levels, with an emphasis on secured settings, for the ACF benefit. This initiative will provide insight on how the

Department could create multiple level settings for the ACF program that would limit placement into a skilled nursing facility.

The Department will also analyze other states that utilize a tiered rate for HCBS residential services, and their member assessment processes for assignment to the appropriate tier. The Department will provide recommendations related to services incorporated at each level to limit nursing facility placement and analyze whether Colorado's assessment tools would be sufficient to determine an appropriate tier. A new assessment tool will be developed, if appropriate.

#### *State Plan Amendment and Waiver Information*

Any changes in rate methodology would be supported by the appropriate rate setting structure and the submission of a waiver amendment.

#### *Sustainability Plan*

The Department is committed to developing programmatic incentives to manage costs and improve quality of care. Stakeholders will be engaged both during the rate structure development process and for feedback on programmatic changes. Once program recommendations are created, the Department will pursue all appropriate administrative efforts to implement program and rate changes.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started. During initial project planning, the team identified a need to expand the project scope to include two additional setting types, Qualified Residential Treatment Programs (QRTPs) and Residential Child Care Facility Programs (RCCFs). Additional funds were added to the budget to account for this change.

#### Initiative 4.05. Pilot CAPABLE - Phase 2

The Department will pilot and evaluate the innovative Community Aging in Place - Advancing Better Living for Elders (CAPABLE) program to support HCBS members to remain at home. The Department will pilot the CAPABLE program in three to four locations across the State with the goal of enrolling 400 people. Though the program has been rigorously evaluated, the Department will implement a pilot with an evaluation to ensure it results in the same outcomes, including cost savings, when implemented with a diverse group of members, including individuals of younger ages and those living in rural communities.

#### *State Plan Amendment and Waiver Information*

The Department will consider adding CAPABLE as an additional benefit available to our waiver participants based on program success. At that time, a waiver amendment will be pursued if considered feasible.

#### *Sustainability Plan*

The Department embraces opportunities for improving member experience and managing program costs. The CAPABLE program is one such alternative care model that has demonstrated inroads to achieving these goals. The Department is committed to the continued support of that vision and is reviewing options for continuing efforts in the longer term.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

#### Initiative 4.06. Supported Employment Pilot Extension - Phase 1

[Return to Phase 1 Project List](#)

In recent years, the Department has received State funding to conduct a Supported Employment pilot program to incentivize outcomes where people achieve and maintain employment. Funding for this project is expiring on June 30, 2022. The Department will extend and expand the current pilot program to allow for increased participation, additional data collection, and to determine if expanding incentive-based payments for Supported Employment services within the waivers is cost effective and produces positive outcomes.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers presently planned for this project. However, if the program achieves successful outcomes, the Department will explore permanently implementing value-based payments for Supported Employment Services into the Home and Community Based Services (HCBS) Developmental Disabilities (DD) and HCBS Supported Living Services (SLS) waivers, which would require amendments to both waivers.

#### *Sustainability Plan*

The Department is committed to creating environments of inclusion and employment opportunities for people with disabilities. It is believed that this program will prove to be self-supporting, and the Department plans to explore partnerships with sister agencies and other options to support long-term implementation of this program.

#### *Status Update*

This project has previous groundwork laid for extending current program efforts and is moving quickly forward toward implementation. The project team has developed and uploaded the project schedule into the Department’s Microsoft Project Online environment. Existing pilot data collection efforts and identified specific project success metrics have been reviewed by the project team. Current employer contracts are in process for extension. Additional employers for program expansion are in consideration. The necessary administrative process has been completed to support staff extensions.

#### Initiative 4.07. New Systems of Care - Phase 2

The Department has an opportunity to identify and pilot innovative systems of care that recognize and leverage the needs and capabilities of various populations. Under this project, the Department will study successful initiatives implemented by other states and nations while also developing pilot programs that:

- Leverage creative solutions to provide low/no cost childcare to home and personal care workers, which helps address low wage concerns by expanding “total compensation”
- Pair older adults with college students who need affordable housing
- Create college credits and increase the workforce by employing college students to provide respite, homemaker, and personal care services to our growing older adult population, as well as the general HCBS population.

The Department will create a grant program with state-only funding to support innovative models of care. The Department will conduct an environmental scan of evidence-based practices that could be used and to create an innovative model to address “total compensation” for direct support professionals.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The lessons learned from the identification and piloting of innovative systems of care and what has been successful in other states will inform future budget requests, programs, and policies.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started. This project’s scope has been expanded to include mapping core competencies for Regional Accountable Entities (RAEs) to improve care for the LTSS population and better coordinate activities between RAEs and Case Management

Agencies (CMAs). Additional funds were added to the budget to account for this expanded scope.

#### Initiative 4.08. Respite Grant Program - Phase 4

Expanding respite services was one of the most frequently cited items by Colorado stakeholders for consideration in the ARPA spending plan. Respite services provide temporary relief for the members' primary caregiver, which is necessary to support caregivers and helps prevent members moving to institutional settings.

The Department will create a grant program for increased access to respite for caregivers/families of adult and child members. The Department will identify the landscape of respite availability across Colorado and create a report identifying the gaps in respite care availability. Based on this report, the Department will develop a framework for a state-only grant program. Grant recipients may include parents, grandparents, or child caregivers of aging parents or family, and could be expanded to include other members of a household that are not usually afforded respite but could also benefit from respite.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The deliverables for this project - the report identifying gaps in respite care and the subsequent grant program - will be the foundation for future programs, policies, and budget requests. As the grant program is being established and provided in direct response to the impacts of COVID-19, it will not be continued post March 2024. But the respite benefit will continue as this is a critical service for our members and their families.

#### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

#### Initiative 4.09. Respite Rate Enhancement - Phase 1

[Return to Phase 1 Project List](#)

The Department has provided a temporary targeted rate increase to incentivize additional respite providers to serve HCBS adult and child members, with a focus on home-based services. The rate increase also applies to respite services provided under the DHS' crisis services program. In addition, the Department will identify innovative ways that can be taken to incentivize respite provision by meeting with providers and

other Colorado respite programs to gather information about barriers for enrollment and service provision.

#### *State Plan Amendment and Waiver Information*

The Department received approval through an Appendix K Amendment on [November 5, 2021](#) to implement a temporary 25% rate increase for HCBS Respite providers.

#### *Sustainability Plan*

The aspects of this program that will extend in the future relate to that which the Department learns through its meetings with providers and respite program providers to better understand the barriers for enrollment and service provision. The expectation is that these learnings will inform future budget requests, programs, and policies.

#### *Status Update*

Given the temporary nature of this rate enhancement, the Department has moved quickly to establish communication strategies and systems changes to accommodate this rate change which went into effect in December 2021. The Department has retroactively applied this rate increase to the beginning date of the ARPA grant with an expiration date at the end of March 2022.

#### Initiative 4.10. Home Modification Budget Enhancements - Phase 1

[Return to Phase 1 Project List](#)

The Department identified enhancements to the Home Modification benefit as a need for our members, based on stakeholder feedback over the growing need to ensure members could continue to live and receive care in their homes, as opposed to congregate care settings, in response to the COVID-19 PHE. One way to help members continue to live in their homes is by funding specific modifications, adaptations, and improvements to their existing home setting. The Department will provide additional funding above the current service limitations for home modifications in response to members needing multiple adaptations to their homes for accessibility and the increasing costs related to construction and materials. The home modification budget enhancements will be available for all waivers in which this benefit already exists.

#### *State Plan Amendment and Waiver Information*

The Department will identify funding and pursue a waiver amendment once the complete scope of program changes is identified. The Department received approval through an Appendix K Amendment on [January 4, 2022](#) to temporarily increase the Home Modification and Home Accessibility Adaptation benefit by \$10,000 to help members continue to live in their home and community.

### *Sustainability Plan*

The Department recognizes that addressing the increasing costs associated with home modifications requires a long-term plan and funding strategy. The enhancement funding that ARPA is providing will provide meaningful insights into cost challenges and will put the Department on better footing to ensure future budgets for this program consider increasing labor and materials costs.

### *Status Update*

The project team has developed a project plan for the initiative and uploaded it into the Department's instance of Microsoft Project Online for day-to-day project management and for inclusion in Department dashboards and metric-related reports. The project team has also identified specific project success measures and the requisite data collection strategies to begin gathering pertinent information.

In addition, the team has engaged in meetings with a sister agency, the Department of Local Affairs (DOLA), which will partner with the Department in the implementation of this initiative. The Department is actively working on the system/IT changes to accompany the increased home modification budget amounts and is working with stakeholders to receive feedback and communicate plans of action and associated timelines.

### Initiative 4.11. Hospital Community Investment Requirements - Phase 4

Under this project, the Department will research and develop recommendations for how to leverage hospital community investment requirements to support transformative efforts within their communities. The Department will develop minimum guidelines for community benefit spending and reporting values to hold hospitals accountable to meet community needs as determined by the community itself and align with statewide health priorities. These guidelines should allow for more consistent reporting and determination of what is a community health need as well as better evaluate the impact of community benefit programs.

### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

### *Sustainability Plan*

The Department recognizes that providing guidance to hospitals regarding community investment requirements and best practices is important to ensuring that those contributions result in relevant and sustainable community change and improvement in community health needs and health care outcomes. Once the guidelines have been

developed, the Department is committed to both maintaining the hospital community investment guidelines and working with hospital systems to evaluate the impact of their community benefit efforts.

### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

### Initiative 4.12. Community First Choice - Phase 1

[Return to Phase 1 Project List](#)

Community First Choice (CFC) was established by the Affordable Care Act in 2010 and allows the Department to offer attendant care services, including consumer directed options, on a state-wide basis to eligible members of all ages, instead of only those who meet criteria for a 1915(c) waiver. The Department will use funding to cover the administrative costs associated with the development and implementation of CFC, including system costs, stakeholder engagement, staff, and a new Wellness Education Benefit. The goal is to implement CFC by January 1, 2025. Once implemented, the state would qualify for a 6% ongoing federal enhanced match on certain HCBS services.

To develop and implement CFC, the Department will need the following:

- **System changes:** System changes will be required to add the existing HCBS benefits into the State Plan which necessitates changes to the provider subsystem, financial subsystem, prior authorization subsystem, the prior authorization system, provider subsystem, and care and case management product. This work will include ongoing testing and maintenance to ensure the changes made were accurate and operating correctly.
- **Wellness Education Benefit:** The Department will utilize a contractor to develop and manage the Wellness and Education Benefit. The cost of this benefit will be absorbed by the Department once CFC cost savings are realized.

### *State Plan Amendment and Waiver Information*

The Department will submit an amendment to the State Plan allowing for the implementation of the Community First Choice 1915(k) federal authority.

Waiver amendments will be required for the Department's 1915(c) waivers to remove services provided under the 1915(k). Amendments will also be required to gain approval for the new Wellness Education Benefit.

### *Sustainability Plan*

The ability to leverage the ARPA funds to allow the State to pursue CFC is a high priority of the Department. The funding accelerates investments in key information systems and with relevant stakeholders to ensure that the State's design, development, and implementation of CFC is informed by stakeholder feedback and aligns with best practices.

### *Status Update*

The project team has developed a project plan and uploaded it into Microsoft Project Online for day-to-day project management, inclusion in dashboards, and metric-related reports. The project team has also identified specific project success measures and the requisite data collection strategies to begin gathering pertinent information.

The Department has onboarded three term-limited team members with four others expected to begin January 2022 to support this program and is currently vetting contractors to provide the support described above. The team is establishing and recruiting participation for the Community First Choice Council, which is the formal, federally required, governance body that will oversee this initiative. Finally, the team will soon engage in meetings with stakeholders to receive feedback and communicate plans of action and associated timelines.

## **5. Strengthen Case Management Redesign**

### Initiative 5.01. Case Management Capacity Building - Phase 1

[Return to Phase 1 Project List](#)

Case management redesign is an overhaul of the current and traditional processes utilized by case management agencies. While the long-term effects are necessary and invaluable, there will be substantial changes in those processes. This project provides resources to help limit disruptions to members during that process. The Department will support case management redesign efforts in the community by developing a framework to support the change management requirements to ensure successful transition from the current system to implementation of a redesign that mitigates the negative impact on members. The Department will work with Case Management Agencies (CMAs), local area organizations, and stakeholders to plan and prepare for Case Management Redesign (CMRD). It will provide support to CMAs to implement CMRD policy changes, transition, legal and corporate structures, change management, strategic and organizational planning, capacity and ensuring member access to a CMA, including developing an infrastructure for a learning collaborative so that CMAs have access to individual resources relevant to their change management needs.

### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

### *Sustainability Plan*

The Department recognizes that expanding the capacity of the case managers who serve the HCBS population by designing an end-to-end case management paradigm is essential to ensuring that all members have access to care and have a positive experience with the healthcare system. Once CMRD has been implemented, the Department is committed to continuing that vision both in the near- and long-term.

### *Status Update*

The project team has engaged in a number of project activities to successfully execute this initiative including the development of a project plan uploaded into Microsoft Project Online for day-to-day project management, dashboard implementation, and metric-related reports.

The Department is actively working to extend an existing contractor that will help drive the change management activities with the CMAs. In addition, the team has engaged in meetings with stakeholders to receive feedback and communicate plans of action and associated timelines. Finally, during the project team's research of the cost for devices which have the functionality needed for the new case management system, the proposed budget exceeded projections, requiring additional funding to be added to the budget to support the project.

### Initiative 5.02. Improve and Expedite Long-Term Care Eligibility Processes - Phase 3

Under this project, the Department will work with stakeholders to identify solutions to barriers to long term care eligibility, both from a physical eligibility and financial eligibility perspective. Any changes will result in the need for system enhancements as well as training to counties, Medical Assistance sites, and case managers on eligibility requirements for waiver programs and other long-term care programs. The Department will research and determine appropriate solutions for expedited eligibility processes and manage projects. These changes will require extensive stakeholder feedback and engagement.

### *State Plan Amendment and Waiver Information*

This project will support a collaboration between the Department's Office of Community Living and Medicaid Operations Office to identify solutions to barriers to long term care eligibility from a physical eligibility and financial eligibility perspective. A state plan amendment and waiver will be requested once stakeholder

engagement has been completed and recommendations for future action documented.

#### *Sustainability Plan*

Depending on the outcomes of this project effort and feedback from stakeholders, the Department will prioritize resulting system enhancements and training needs in this area.

#### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

#### Initiative 5.03. Case Management Rates - Phase 1

[Return to Phase 1 Project List](#)

The Department transitioned to a new rate structure for case management agencies (CMAs) in FY 2020-21. The Department will evaluate and identify best practice approaches for rate methodology in case management to ensure they are appropriate for the activities expected of CMAs and then develop a proposed rate structure for these activities and services, including identifying options for tiered rates for supporting members with complex care needs. The Department will also work in coordination with the CMAs to facilitate stakeholder engagement on methodology.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The Department recognizes that providing guidance and promoting best practices for rate methodology in case management is critical to developing the case management infrastructure that it is trying to create and support. Sharing promising practices and information is one of the keys to this transformation. Once the case management methodology has been developed, the Department is committed to maintaining the currency of the methodology as part of its overall goal of achieving a strong case management infrastructure statewide.

#### *Status Update*

A project plan has been developed and uploaded into Microsoft Project Online for day-to-day project management, inclusion in dashboards, and metric-related reports. The project team has identified specific project success measures and the requisite data collection strategies to begin gathering pertinent information.

The Department is actively negotiating with an existing contractor that will assist with the rate development tasks for this project. During these conversations, it was identified that the initially projected budget would not be enough to cover the proposed costs, thus additional funds were added to the project budget. The project team has also been actively engaging stakeholders to elicit feedback and communicate plans of action and associated timelines.

#### Initiative 5.04. Case Management Best Practices- Phase 1

[Return to Phase 1 Project List](#)

Person-centered case management and care coordination requires adapting outreach strategies and support services to the needs of the population and of individuals, which may be different depending on the disability. The Department will research national best practices and develop and pilot these practices through models of care coordination that meet the unique needs of a variety of member profiles such as complex care coordination for those with dual or poly diagnoses. The Department will develop a training plan, including developing appropriate materials for Case Management Agency (CMA) and Regional Accountable Entity (RAE) staff on their various roles and responsibilities, collaborative roles between the systems, and effective care collaboration across the continuum of care, especially for members with complex needs.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The Department recognizes that creating models of care and identifying best practices for individuals with disabilities is critical to developing the case management infrastructure that the State is establishing and supporting. Sharing promising practices and information is one of the keys to this transformation. Once the training materials for best practices have been developed, the Department is committed to maintaining the currency of the information and to spread the information via case managers and RAE personnel.

#### *Status Update*

The project team has laid forth the project activities to successfully execute this initiative with the development of a project plan uploaded into Microsoft Project Online for project management, inclusion in dashboards, and metric-related reports. In addition, the team has engaged in meetings with stakeholders to receive feedback and communicate plans of action and associated timelines. Upon beginning work to execute this project, the team determined that an additional FTE to support the work

instead of a contractor would be more efficient and effective. For this reason, contracting funds for this project were shifted to another case management project (5.05. Case Management Agency Training Program) and the FTE from that project was moved to this one. The Department is now actively recruiting for the three FTE positions to support this program and has begun researching best practices.

#### Initiative 5.05. Case Management Agency Training Program - Phase 1

[Return to Phase 1 Project List](#)

The Department will develop and implement comprehensive training for case management agencies to improve quality and consistency statewide. The Department will develop a robust training program for CMAs, RAEs and MCOs for all waiver programs and services, as well as behavioral health services, State Plan benefits, benefits counseling, and CFC. All the training will be incorporated into a Learning Management System allowing the Department to assign and monitor training completion. The Department will also update all existing training materials for content updates and upload them to LMS software to establish competency-based performance requirements of case managers. Any changes to program participation requirements will be supported by the submission of a waiver amendment once training documentation is completed.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The Department recognizes that maintaining worker relevance, building skill sets, and advancing opportunities for case management professionals is critical to addressing the shortfalls in this employment segment. Education is one of the keys to this transformation. Once the training modules and structure have been developed, the Department is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

#### *Status Update*

After establishing the project activities, the project team has developed a project plan and uploaded it into Microsoft Project Online for day-to-day project management, inclusion in dashboards, and metric-related reports. In addition, the team has engaged in meetings with stakeholders to receive feedback and communicate plans of action and associated timelines. In reviewing the project plan, it was determined that a contractor with related cultural competency experience would be more appropriate than an FTE in support of this project. For this reason, the

FTE was moved to another case management project in exchange for additional funds to support a vendor.

## **6. Invest in Tools & Technology**

### Initiative 6.01. Home Health/PDN Acuity Tool - Phase 1

[Return to Phase 1 Project List](#)

#### *Home Health*

The Department will design and develop an adult Long Term Home Health (LTHH) acuity tool and two Private Duty Nursing (PDN) tools for adult and pediatric members to better determine the appropriate medically necessary level of care and associated nursing hours for members. These tools will streamline the benefit delivery and ultimately provide long-term savings to the State by providing an additional basis with which to determine appropriate service needs for members.

The Department received funding to implement a LTHH acuity tool in FY 2019-20 through R-9, “Long Term Home Health/Private Duty Nursing Acuity Tool.” The Department used this funding to conduct an environmental scan in FY 2020-21 of other state approaches but was unable to identify an appropriate tool, concluding that the Department must build one from the ground up. There was not adequate funding to build and implement a tool with the funding from that request.

The Department will create, pilot, and validate an LTHH as well as pediatric and adult PDN acuity tools tailored to Colorado home health policies. The Department will conduct both a policy and systems crosswalk of the proposed variables required for the LTHH acuity tool with the long-term services and supports (LTSS) assessment tool that determines nursing facility and/or hospital level of care for members seeking LTSS services. This will help determine opportunities for alignment of the tools to ensure that as members’ needs change, they do not have barriers to accessing other State Plan or waiver benefits, nor is there duplication of services. A crosswalk has already been completed for PDN tools.

Once the acuity tools are developed, the Department will integrate the developed tools as a module within the Care and Case Management System. The utilization management vendor will either access the CCM tool directly or through a workflow that will allow them to perform the necessary medical necessity prior authorization determinations for PDN and LTHH benefits.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The improvements to the tools will be integrated into the existing systems/platforms (HCBS assessment tool and CCM), both of which will be available to users beyond the terms of the ARPA grant.

#### *Status Update*

The project team has developed a project plan for the initiative and uploaded it into the Department's instance of Microsoft Project Online for day-to-day project management and for inclusion in Department dashboards and metric-related reports. The team has also released a request for information to elicit responses on how to best build the tools.

#### Initiative 6.02. Specialty Search in Provider Specialty Tool - Phase 3

HCBS providers struggle to identify which specialty they qualify for and which one to select when using the MMIS online enrollment module. As a result, providers either spend a lot of time researching provider specialties on the Department's website or select specialties in the MMIS for which they are not qualified or do not wish to enroll.

The Department will develop an optional "specialty finder" tool that will, through a series of questions, help providers identify which specialty or specialties they would like to enroll in, as well as the HCBS population they would like to serve. The tool will also provide guidance on other enrollment requirements that may be necessary to enroll and point to non-HCBS provider types they may be eligible for. Once an algorithm is developed, it will be integrated into the Department's website. This tool will allow providers to quickly understand which specialties they are eligible for, understand the steps necessary to enroll, and cut down on questions to MMIS staff and staff across the Department and the Department of Public Health and Environment.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

ARPA funding provides an important one-time investment in the provider infrastructure by allowing providers to easily enroll in their area of expertise online.

#### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

### Initiative 6.03. Member Facing Provider Finder Tool Improvement - Phase 2

The Department administers a “Find A Doctor” provider search tool on the Department’s website that identifies health care providers based on certain search criteria selected by the user. The Department is currently working to add additional functionality to the tool, including the ability to search by practitioner location, practitioner associations, and provider specialties.

Under this project, the Department will add the critical criteria of “Cultural Competency” to the search tool. Cultural competence in health care is broadly defined as the ability of providers and organizations to understand and integrate these factors into the delivery and structure of the health care system. The goal of culturally competent health care services is to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, English proficiency, or literacy. Through this project, the Department will add cultural competence search criteria to the tool. This could include criteria such as: woman or minority owned/operated, cultural and ethnic subgroups, etc.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The State of Colorado and the Department hold equity and cultural competency among the provider community and health care systems at the forefront of importance for service delivery. Upon completion of the member-facing provider tool enhancements, the Department will monitor the use of the cultural competence queries and results to inform future investments, programs, and policies to promote equity and culturally competent care.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

### Initiative 6.04. HCBS Provider Electronic Health Record System Upgrades - Phase 1

**Note:** *This project has been incorporated into the scope of project 6.06 HCBS Provider Digital Transformation project efforts. All future reporting will be conducted under that project effort.*

### Initiative 6.05. Member Tech Literacy - Phase 2

Like HCBS providers, many HCBS-enrolled members could benefit from greater access to electronic systems. Under this project, the Department will develop a program for

members that would provide a one-year digital literacy training, with the hope of improving access to benefits virtually and more broadly.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

This is an upfront investment in the training modules and structure. The Department will absorb maintenance and updating of materials through existing workflows.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

### Initiative 6.06. HCBS Provider Digital Transformation - Phase 1

[Return to Phase 1 Project List](#)

**Note:** *As of November 2021, this project has incorporated project 6.04 HCBS Provider Electronic Health Record System Upgrades under the scope of its efforts.*

The purpose of this project is to provide funding to home and community-based providers to digitally transform their care delivery. Funding will include investments in upgrading or implementing electronic health record systems to be able to better coordinate care, access real-time information through health information exchanges, and the purchase of tools necessary for the delivery of virtual services. This project will leverage lessons and processes from the Department’s Electronic Health Record incentive program and the Office of eHealth Innovation’s telemedicine projects, with a focus on inclusive and equitable approaches and solutions. These funds will be provided through a competitive grant program that is aligned with other developing efforts, such as HB 21-1289, “Funding for Broadband Deployment.” The two features of this project, Electronic Health Record enhancement and expanding provider’s capacity to offer telehealth services, both have the potential to positively impact members either by improving access to care or improving communication.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

ARPA funding provides one-time seed funding for providers across the state. Lessons learned will be shared with future tech upgrade workflows.

#### *Status Update*

The project team has identified activities to successfully execute and developed a project plan which was uploaded to Microsoft Project Online for day-to-day project management, inclusion in dashboards, and metric-related reports. Project success measures and data collection strategies have also been identified.

In addition, the team has engaged in meetings with stakeholders to receive feedback and communicate plans of action and associated timelines. The Department has extended agreements with contractors that will support the planning and implementation of this project. Finally, the team has expanded the scope of this project to include a particular focus on ensuring County Departments of Human Services and Single-Entry Points have sufficient cybersecurity in place to protect member data.

#### Initiative 6.07. Innovative Tech Integration - Phase 3

Technology changes rapidly, including in the healthcare field. The Department will explore innovative technology that will improve diagnoses, services access, health outcomes, and program delivery for medical, behavioral, and HCBS services provided to HCBS members. The Department will research potential innovative models for diagnoses, access, outcomes, and delivery, as well as evaluate whether those technologies would work in Colorado practices. Recommendations, including implementation steps, for pursuing these forms of technology will be developed.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

This one-time policy analysis will allow the Department to be positioned to identify innovative projects to its healthcare technology roadmap and implement these new solutions well into the future.

#### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

#### Initiative 6.08. Care & Case Management System Investments - Phase 1

[Return to Phase 1 Project List](#)

The Department will fund investments in system changes, software, and hardware to support the new care and case management system. These initiatives will support data sharing in ways that support person-centered, timely provision of care, improving the member experience. The Department is reviewing investments in system changes, software, and hardware to support the new care and case

management system. These initiatives will support data sharing in ways that support person-centered, timely provision of care, improving the member experience.

#### *Device Costs*

The Department will provide one-time funding for CMAs to purchase laptops or other mobile devices compatible with the new case management IT solution, the Care and Case Management (CCM) system. These devices will be used to support agencies in utilizing the new CCM system to perform case management functions during their regular business operations. Case managers will have the IT technology necessary to leverage the capabilities of the new CCM tool, including accessing the log notes offline, perform assessments in the home, or upload assessments with the latest technology. Members will be able to be assessed quickly in their homes and provide signatures in real time.

#### *System Costs*

Funding will also be used to implement policy change requirements and enhancements that were not captured with the implementation of the CCM system. For example, the CCM system does not include remote signature capability of support plans by all stakeholders; this has been identified as an opportunity for future enhancements. Another potential enhancement is to allow providers to upload incident reports directly to the member record for the case manager to review and identify whether a critical incident occurred. This is highly encouraged by CMS to ensure incidents are tracked, mitigated, and trended prior to becoming a critical incident. Further, the Department will create bidirectional data feeds between providers and the CCM, building on existing statewide data sharing strategies in development or in place regarding EHRs.

The Department intends to create a regional advisory board to support improvements to provider IT sophistication and interoperability, to include the development of data dictionaries of key elements needed by providers.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The State has made a multi-year investment in the planning, development, and deployment of the CCM system, and the funds provided via this project will go to advance the deployment and optimization of the system by users statewide. Once the system changes have been deployed and mobile devices provisioned, the Department

is committed to working with CCM users to ensure these capabilities continue into the future.

### *Status Update*

After identifying project activities to successfully execute this initiative, the project team developed a project plan and uploaded it into Microsoft Project Online for day-to-day project management, inclusion in dashboards, and metric-related reports. Specific project success measures and data collection strategies have been established by the project team.

As the project team has begun implementation of this project, it was identified that the project scope needed to be expanded to enhance the care and case management system to allow for automation of Consumer Directed Attendant Support Services (CDASS) PAR revisions. Additionally, the team identified a need to build an interface between the interchange system and the Financial Management Services (FMS) vendor portals to allow real-time updates for the vendors. To accommodate these new requirements, additional funds were added to the project's budget.

Finally, the team has engaged in meetings with stakeholders to receive feedback and communicate plans of action and associated timelines. The Department has onboarded one term-limited team member and is actively recruiting for another position to support this program and has begun working on requirements for the technology changes that this funding will support.

### *Capital Expenditures*

We are currently reviewing this initiative to determine whether it will involve capital expenditures as identified under 2 CFR 200.439 and 2 CFR 200.1.

### Initiative 6.09. Updates to Salesforce Database - Phase 1

[Return to Phase 1 Project List](#)

As part of this technology project, the Department will implement a system where complaints, issues, grievances, clinical documentation, and quality care complaints are compiled and centralized. This will include updates to the Salesforce system to allow for clinical review and time tracking for staff as well as tracking for creative solutions and complex solution calls to allow for tracking of diagnosis, services, and length of time it takes to locate a solution for the case.

### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

### *Sustainability Plan*

The ability to centralize complaints, issues, and grievances will allow the Department to better diagnose issues and, as noted above, provides the opportunity to identify and spread best practices statewide.

### *Status Update*

The project team has proposed the necessary project activities and success measures to execute this initiative. A project plan and schedule for this project has been developed and uploaded in the State's Microsoft Project Online for tracking and management purposes. In addition, the team has engaged in meetings with stakeholders to receive feedback and communicate plans of action as well as associated timelines.

As the primary goal of this work is to make enhancements and create functionality in an existing application, the project team is also in conversations with a Salesforce development vendor who will assist in the programmatic changes to the systems. Specifically, the project team is identifying requirements and has begun drafting a statement of work.

### Initiative 6.10. Member Data Sharing - Phase 3

Through the CMS Interoperability Rule, which is a part of the 21st Century Cures Act, the Department received funding from its FY 2021-22 R-9 "Patient Access and Interoperability Rule Compliance" decision item to develop an agreed upon, consensus-based approach regarding compliance with the Interoperability Rule. Compliance is based on the creation of an open framework that will allow data to be stored, shared, and pulled into consumer-chosen, consumer-facing applications, vetted through a federally mandated review process.

The Department will use funding to integrate key data points from the CCM tool into a data set that meets federal technical requirements. This data could include member assessments, case management log notes, and critical incidents. The data will be available for members to access through consumer-facing applications or other Electronic Health Record (EHR) applications, leveraging recommendations from the Testing and Experience and Functional Tools (TEFT) Grant, in consultation with the Governor's Office of eHealth Innovation. The implemented solution would be a way for members to access data collected by and maintained in the CCM tool, as well as information about qualified providers as maintained in the BIDM, and could include functionality like secure, in-app texting/reminders that could occur between Health First Colorado members and their care team or teams. The Department will design a Long-Term Services and Supports-focused application or other point of access. Any

solution will include functionality that is compliant with the Americans with Disabilities (ADA) Act.

Members will be able to access their CCM-related data through the application of their choice, using a device of their choosing. Members will have a seamless experience with their CCM-related health data, irrespective of payer or provider or originating IT source, and be able to access that information using technology of their choosing. This solution builds on existing work done statewide to provide access to health care data.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

Compliance with federal regulations regarding information sharing and interoperability by creating patient facing applications that allow access to their medical record information is among the highest priorities of the Department and the Office of eHealth Innovation. The ARPA funding provides an important investment in moving the State further along in implementing its interoperability strategies and creating a statewide patient engagement strategy.

#### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

#### Initiative 6.11. Centers of Excellence in Pain Management - Phase 2

Many HCBS members deal with chronic pain and are unsure how to navigate the system to providers that are best equipped to help them manage their pain and thrive. The Department will pilot a program in which a contractor team consisting of a nurse practitioner and a licensed clinical social worker will assess the needs of chronic pain patients for mental health or substance use disorder treatment. The team will coordinate appropriate referrals to mental health, SUD, or Centers of Excellence for Chronic Pain providers primarily via telemedicine using best practices for appropriate pain management. This team will also coordinate with RAEs to offer training and support to further expand the program and meet the needs of all members seeking treatment for chronic pain.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The ARPA funds will support a first-time demonstration project and the subsequent learnings will inform future budget requests, policies, and programs.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not started.

#### Initiative 6.12. Systems Infrastructure for Social Determinants of Health - Phase 1

[Return to Phase 1 Project List](#)

The Department, in partnership with the Office of eHealth Innovation, will expand the infrastructure for a Social Health Information Exchange (SHIE) which provides case management agencies, RAEs, care coordinators, and health care providers with real-time connections to resources like food, energy assistance, wellness programs, and more. This will be part of a broader social health information exchange ecosystem being developed by the Office of eHealth Innovation. In addition, the Department will distribute funding in the form of state-only community grants to help connect small non-clinical agencies that specialize in and serve the HCBS population to the health information exchange and access the functionality. The Department will build upon lessons learned from the recent build of the prescriber tool that connects providers to information that helps inform real-time decisions needed to best help members.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

Beyond the initial project efforts, the Department intends to continue use of the tools and data infrastructure developed under this initiative. Lessons learned regarding the technology implementation and related challenges, as well as the needs and opportunities of partnering with organizations that provide non-medical services will inform future social determinants of health-related projects, programs, and policies initiated by the Department.

#### *Status Update*

There are several important updates on this project since the last reporting period. The project team has diligently been working to establish and resource a project plan that has been uploaded to Microsoft Project Online. The project team is reviewing existing surveys and Department-obtained information that provides visibility into provider and Medicaid partner use of EHRs and other health technologies in the State of Colorado. They have also defined an initial suite of metrics outlining project success outcomes and are working now to finalize the metrics they will measure throughout the life of the contract.

The project team will rely on external contractors to implement this project and the team has begun defining the scope of contract requirements. While completing these efforts, the team has also been engaged in recruiting additional staff support for which a January 2022 start date is planned.

#### Initiative 6.13. Connect Case Management Agencies to CORHIO - Phase 2

The Department will connect CMAs to the Colorado Regional Health Information Exchange Organization (CORHIO) to obtain hospital admission data in real-time. While Admission, Discharge, and Transfer (ADT) data from hospitals is transmitted from the BIDM to the CCM system, there is a significant lag, which prevents it from being actionable. This project will purchase a license for one user at each CMA to access ADT information via CORHIO.

Case managers will benefit from knowing when members have been hospitalized, alerting them to possible changes in functional needs and services and supports, as well as possible critical incidents. Case managers will be able to better coordinate care and participate in discharge planning with access to this information.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The ARPA investment for this project will focus on providing access to CMA users to CORHIO, a predominant HIE serving the front range of Colorado. CMA users will have the ability to receive ADTs in a much timelier manner and be more proactive in facilitating transitions of care. This access and the new workflows that result will be relevant and available to CMA users beyond the life of the ARPA grant.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

#### Initiative 6.14. Data Sharing with the State Unit on Aging - Phase 4

The Department suspects that many LTSS older adult members are receiving services through their local community, including the Area Agencies on Aging. These individuals may not be accessing the care that they need and are eligible for through Medicaid. Understanding who these individuals are and what services they are relying on from community-based organizations will help the Department to better target services. Additionally, if the Department can improve access to Medicaid services for

these individuals, it would free up resources for older adults who are not eligible for Medicaid LTSS.

In this project, the Department will work with the Office of Aging and Adult Services within the Department of Human Services to conduct a system mapping of program and IT systems to determine a mechanism to share data and information across offices. The goal will be to implement a technology solution to access the Area Agencies on Aging data to identify and better track Medicaid LTSS members who are receiving services. Current efforts are underway through Colorado's Health IT Roadmap led by the Office of eHealth Innovation to accelerate the sharing of information and establish infrastructure, governance, and policy that enable the broader health IT ecosystem and State agencies to support care delivery and quality measurement.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The collaboration fostered between the Office of Aging and Adult Services and the Department's Medicaid Office addresses alignment with people, process, and technology to better track Medicaid LTSS members who are receiving services. The technology implementation funded by the ARPA grant will create new opportunities to more efficiently and effectively serve these members well into the future.

#### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

#### Initiative 6.15. Interface with Trails - Phase 2

The Department will implement system changes to connect Trails, the State's child welfare system, with the MMIS to allow counties to improve quality and reduce duplicate cases. This will improve the eligibility determination process for LTSS utilizers. The interface will allow county staff to determine if a child who is going to be entered in Trails already has an open case in another system. This may be accomplished by building a warehouse, an interface, or allowing Trails and the MMIS to communicate in real time.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The technical redesign proposed with this project will improve the process of administering LTSS services and reducing duplicative efforts at the County level. These process improvements will extend beyond the lifecycle of the ARPA grant.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

#### Initiative 6.16. Eligibility Systems Improvements - Phase 4

The Department will improve eligibility systems to hasten application processing, improve determination accuracy, and provide real-time provider eligibility status insights. To do this, the Department will streamline eligibility processing for HCBS members. This will include system enhancements, policy requirements, modifications, and training to address barriers to long-term care eligibility. Part of the project will be to create a bidirectional interface between CBMS and the CCM.

These changes will further automate the exchange of information between case managers and county technicians and eliminate the need to maintain a third system acting as a go-between for the entities, increasing operational efficiency and improving the member experience.

#### *State Plan Amendment and Waiver Information*

Changes to long-term care eligibility addressed with these system improvements may require waiver and/or State Plan Amendment amendments. The specific provisions of the waiver or State Plan Amendments will be determined once the CCM system, which is scheduled to launch in April 2022, is stabilized post-deployment and that these new enhancements/capabilities can be introduced.

#### *Sustainability Plan*

The new capabilities and workflows supported by this project will enhance application processing well beyond the life cycle of the ARPA grant. In addition, the funding will help identify gaps in the current long-term care eligibility process and workflows, which will be filled and mitigated with new programs or policies. Finally, the bi-directional interface between CMBS and CCM and the elimination of the third system that acts as an interface today, will introduce efficiencies that will extend beyond the grant period.

#### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

## 7. Expand Emergency Preparedness

### Initiative 7.01. Emergency Response Plans - Phase 4

One initiative to support future emergency preparedness is developing provider emergency preparedness and response plans. These will be resources that outline how providers will assist members with preparedness, and in the event of an emergency, how they will provide direct support. The Department will research national standards for emergency preparedness for various provider types. Based on that research, the Department will develop tools and resources for providers in developing emergency preparedness and response plans. These resources will be made readily available for current and new providers.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

This project will support providers with tangible plans, skills, and materials to continue operations in the event of an emergency. The Department is confident that these assets will benefit these providers long into the future and well beyond the ARPA grant period.

#### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

### Initiative 7.02. Member Emergency Preparedness - Phase 4

In addition to providing resources for providers, the Department will assist members with disabilities and those with mental health needs who live independently in the community to be prepared for potential emergencies by providing resources, supplies, and/or education. The Department will develop and execute a strategic plan to prepare members with disabilities, including behavioral health needs, for emergencies. The plan will address educational efforts, individual emergency plan development, and the distribution of resources and supplies, such as generators.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

This project will provide members with disabilities and those with mental health needs tangible plans, skills, and materials to continue living independently in an

emergency situation. The Department is confident that these assets will benefit these members long into the future and well beyond the ARPA grant period.

#### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

#### *Capital Expenditures*

We are currently reviewing this initiative to determine whether it will involve capital expenditures as identified under 2 CFR 200.439 and 2 CFR 200.1.

## **8. Enhance Quality Outcomes**

### Initiative 8.01. Provider Scorecards - Phase 4

To support quality performance, the Department will establish metrics and develop public-facing provider scorecards. Scorecards can be used to identify providers that may need more intense oversight and to help consumers and their families make choices about their care. Providers with continuously low scores could face additional corrective action.

The Department will create provider and CMA scorecards and will add the scorecards to the public-facing provider search tool. Applicable performance measures will also be included in the scorecard. The Department will develop metrics and a weighting algorithm incorporating provider input. Providers should understand metrics and underlying data sources and believe that scores accurately and meaningfully represent care quality. Provider input and buy-in can help the Department develop a better methodology, promote higher quality data collection, and encourage providers to improve performance based on findings. The Department will continue to update these scorecards moving forward.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The metrics and scorecard development anticipated with this project will inform provider oversight and improve performance in the future. In addition, establishing dashboards with more robust metrics will open opportunities to identify and share information about thriving provider programs, initiatives, and workflows in the administration of HCBS services.

### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

#### Initiative 8.02. Provider Oversight - Phase 3

The Department operates ten waivers to provide HCBS to our members. To do this, the Department contracts with the Colorado Department of Public Health and Environment (CDPHE) to certify providers, demonstrating they meet state and federal requirements regarding the safety and well-being of consumers. The certification process involves an initial survey when the provider enrolls in Medicaid and unannounced re-certification surveys periodically thereafter, in most cases every three years. Through onsite visits, surveyors capture comprehensive information on policies and procedures, consumer experience and satisfaction with services, staff perspectives on care quality, alignment between care plans and service delivery, and, in the case of residential settings, facility safety and cleanliness.

The Department has identified challenges with the certification processes, including lack of standardization across provider types and an increasingly complex process and workload. In addition, The Department does not have the tools necessary to analyze information on certification outcomes and hold providers to higher standards of quality of care.

The Department will finalize and implement work started in 2016 to address these challenges and to streamline the CDPHE oversight and application process.

Specifically, the following work will be accomplished:

- Confirm prior decision points made on where the process could be simplified, or unnecessary steps could be eliminated entirely with the goal of reducing the time it takes a provider to become enrolled
- Implement a 3-tier system for all waiver services based on risk for fraud and abuse
- Facilitate and support break-out cross-Department groups in making necessary changes
- Provide support to streamline and align the certification processes across survey types
- Make recommendations to improve data collection and sharing, so data is actionable
- Create an action plan and timeline to implement recommendations from 2016 such as:
  - Allow deeming based on accreditation,
  - Streamline and align current survey certification processes,

- Emphasize Quality Management Programs,
- Enhance remediation strategies, and
- Create a comprehensive picture of provider quality.
- Create recommendations to integrate the surveying and provider enrollment processes more fully across CDPHE, HCPF, and its vendors, such as:
  - An electronic workflow that would allow a warm handoff from CDPHE to HCPF for enrollment to bill for services once survey work is completed, and
  - Creation of an identification method for the shared tracking of providers across the two agencies.

### *State Plan Amendment and Waiver Information*

It is likely that the extensive review of our existing provider-focused waivers will require modifications to some if not many existing waivers. While the Department is just beginning the process of creating project plans for the Phase 2 projects at the time of this writing, it is likely that the specifics of the waiver changes for this project will not be available until Q1 2023.

### *Sustainability Plan*

As noted above, provider oversight and certification has been a priority for the Department and the State for a number of years, and the ARPA funds provide an important investment and catalyst for needed changes and improvements.

### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

### Initiative 8.03. Pay-for-Performance for HCBS Waivers - Phase 3

The Department currently pays for most services under a fee-for-service methodology, which rewards for volume of services rather than the quality of the care provided. The Department will shift to pay-for-performance programs within a few program areas. By supporting these pay-for-performance programs, the ARPA funds will serve as a catalyst to expand and sustain new performance-based models of care. First, the Department will develop a pay-for-performance rate methodology for the HCBS Residential programs. The Department will work with states that use pay for performance to identify key performance indicators to accomplish policy directives such as ensuring proper placement and care planning. Recommendations will be developed on performance benchmarks, bonus pay amounts, and per diems.

### *State Plan Amendment and Waiver Information*

It is likely that a waiver will be needed to support these changes. Given the launch date of our Phase 3 projects (April 2022), we anticipate that the specifics of the waiver for this Pay-for-Performance project will be clarified by Q3 2023.

#### *Sustainability Plan*

The Department anticipates that the creation of pay-for-performance methodologies for the HCBS waivers and the process of creating monitoring and reporting requirements around that methodology will sustain the impacts of the initial project investment.

#### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

#### Initiative 8.04. Pay-for-Performance for PACE - Phase 2

The Department will identify key performance measures to incorporate into a pay-for-performance methodology within the PACE capitation payments. The percentage for each performance measure will be identified and the monitoring processes and reporting requirements will be outlined. The appeals process and contractual language will also be developed.

#### *State Plan Amendment and Waiver Information*

It is likely that a waiver will be needed to support these changes. While the Department is just beginning the process of creating project plans for the Phase 2 projects at the time of this writing, it is likely that the specifics of the waiver for this pay-for-performance project will be clarified by Q1 2023.

#### *Sustainability Plan*

The Department anticipates that the creation of pay-for-performance methodologies for PACE and the process of creating monitoring and reporting requirements around that methodology will sustain the impacts of the initial project investment.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not yet started.

#### Initiative 8.05. Pay-for-Performance for Home Health - Phase 3

The Department will develop a pay-for-performance methodology for Long Term Home Health services. The changes will embrace the guidance in the proposed federal rule that accelerates the shift from paying for home health services based on volume, to a system that incentivizes value and quality. The proposed changes address

challenges facing Americans with Medicare who receive health care at home. The proposed rule also outlines nationwide expansion of the Home Health Value-Based Purchasing (HHVBP) Model to incentivize quality of care improvements without denying or limiting coverage or provision of Medicare benefits for all Medicare consumers, and updates to payment rates and policies. The Department will look to this new proposed rule to design and develop methodologies and models to select the best value-based payment options for the Colorado Medicaid program.

#### *State Plan Amendment and Waiver Information*

A SPA is most likely needed for value-based payment options. The project team expects to have more information in early 2023.

#### *Sustainability Plan*

The model establishes a value-based payment methodology for Long Term Home Health services in alignment with the proposed federal rule. The Department is confident that this model will position the State as a nationwide leader in this area for the future.

#### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

#### Initiative 8.06. PACE Licensure - Phase 1

[Return to Phase 1 Project List](#)

Within the PACE program, the Department will develop quality standards by establishing a PACE licensure type to ensure appropriate oversight and compliance. The Department will establish a PACE audit structure including fee cost, resource needs, timeline, survey elements, corrective action plan templates, reporting requirements, valid sample size, appeal process, performance measures, and interview questions. The Department will also develop a system to record and capture incident reviews, complaints, survey results, and reports. This will require the Department to submit amendments to the State Plan and Program Agreements with each PACE Organization.

#### *State Plan Amendment and Waiver Information*

This project will require the Department to submit amendments to the State Plan and Program Agreements with each PACE Organization. The project anticipates developing the proposed audit structure in 2022, with the expectation of identifying specific state plan amendment requirements shortly thereafter, in early 2023.

#### *Sustainability Plan*

The PACE audit paradigm that this project will support will launch toward the end of the project period and will be implemented well beyond the early 2024 end date of the ARPA funding.

#### *Status Update*

The project team is currently focused on project initiation activities. Since the last report, they have aligned on project objectives, implementation strategies, and performance measures. The team has developed a project plan and uploaded it into the State's Microsoft Project Online environment. This will help the ARPA Project Support team manage the project and will make project status-related information available for various dashboards and reports. Active recruitment is also underway for a new term-limited staff member to join the team in support of this project.

#### Initiative 8.07 eConsult to Improve Quality - Phase 4

The Department is implementing an eConsult system in FY 2021-22 to increase the capacity and capability of primary care providers, to reduce unnecessary specialist visits, and to connect appropriate specialist referrals to higher performing specialist providers. The Department will research whether it is feasible to expand the eConsult program to include a broader array of specialists, such as providers that have expertise and good outcomes working with individuals with disabilities. The Department will adjust the overall eConsult design in accordance with federal feedback.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

This one-time policy analysis will inform future funding options that may expand access to eConsults to patients with disabilities and behavioral health needs.

#### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

#### Initiative 8.08. CMS Quality Metrics - Phase 2

The Department will routinely stratify CMS quality metrics by disability and SMI status. To accomplish this, the Department will invest in data repositories that enable more robust insights into gaps in care as well as the providers and services with positive outcomes, supports, and programs for individuals receiving HCBS. The Department will share this data with the RAEs and CMAs to help them connect members with the highest-performing providers. This information may also be

leveraged by the above-described eConsult system. The Department will use the funding for systems investments to create clear data linkages necessary for dashboards to be operational.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The data analysis anticipated with this project will inform policy, program, and project implementation in the future. In addition, establishing dashboards with more robust data will open opportunities to identify and share information about thriving programs, initiatives, and workflows in the administration of HCBS services.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not started.

#### Initiative 8.09. Waiver Quality Expansion - Phase 4

To better understand where there are quality gaps in the HCBS waiver programs, the Department will expand waiver quality surveys and metrics. This will provide insights into member experience, member satisfaction, and whether members received care that they reported needing. The Department will utilize the data to recommend changes to waiver programs.

The Department will research and recommend the most appropriate member surveys to determine member experience, health outcomes, satisfaction, and quality outcome analysis measures. The Department will design and/or procure the surveys and implement member outreach, engagement, and survey completion. Waiver amendments may be required if modifications to performance measures are made as part of this initiative.

#### *State Plan Amendment and Waiver Information*

Waiver amendments may be required if modifications to performance measures are made as a part of this initiative.

#### *Sustainability Plan*

The surveys, outreach, and engagement supported by this project, as well as any waiver amendments that occur as a result, will inform HCBS policy in Colorado beyond the life of the ARPA grant.

#### *Status Update*

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

### Initiative 8.10. Criminal Justice Partnership - Phase 3

**Note:** *As of November 2021, this project has been renamed Criminal Justice Partnership, to reflect the engagement of the entire criminal justice system.*

The Department has engaged with the Colorado Department of Corrections to address behavioral health services engagement as individuals are released from prison. This project will expand post-release supports to members who are transitioning or may have already transitioned back into the community. The Department will address the following action items:

- Identification of best practices of engaging justice-involved members,
- Review and improve eligibility processes for waiver services prior to release,
- Identify most prevalent needs from these members and work with stakeholders to implement best practices,
- Collaborate with justice systems at each level (released from incarceration, parole and probation) to implement best practices,
- Work with state and local government and community-based organizations to identify solutions, develop meaningful metrics and build lasting support systems for individuals involved with the justice system,
- Partner with the Regional Accountability Entities to create member-reported information about the need for justice-specific care coordination. Provide training materials and education to RAEs, and
- Identify data system opportunities to monitor member enrollments in multiple systems and develop strategies to ensure data system connections are in place to improve coordination activities.

### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

### *Sustainability Plan*

ARPA provides seed funding to create cross-agency connections both at an organizational and technical level to support an enterprise-wide paradigm shift in addressing behavioral health needs of individuals leaving the justice system.

### *Status Update*

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

### Initiative 8.11. Quality Measures & Benefits Training - Phase 2

To ensure the best use of services potentially available to the HCBS population, the Department will develop training on quality performance measures with a focus on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit metrics. The team will use an analysis of EPSDT to illuminate current gaps in the HCBS program. The analysis will be used to create training materials that will include specific learning objectives on how and when to use EPSDT and how and when to use HCBS services. To the extent this analysis exposes policy gaps, this information would be used to inform policy and program adjustments. These trainings will also be used to assist the state to meet the federal requirement of an intersection of EPSDT and waiver services as outlined in the CMS Part V Manual.

To complete this project, the Department will provide a standard, adult learning training on EPSDT benefit and performance metrics. The final product will be posted on Department websites and updated regularly as a sustainability mechanism. The training is expected to be 4-6 separate training modules.

#### *State Plan Amendment and Waiver Information*

There are no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

Future updates to the training will be absorbed into regular Department training workflows. Additionally, the policy and program adjustments that are revealed as a component of the EPSDT gap analysis will help set the stage for future work in this area, beyond the life of the ARPA grant.

#### *Status Update*

Phase 2 projects are slated to begin execution in January 2022 and have not started.

## Appendix 2: Project Initiatives Identified by Phase & Category

Project Title	Category							
PHASE 1 PROJECTS	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
Case Management Rates					x			
Case Management Agency Training Program					x			
Case/Care Management Best Practices					x			
Case Management Capacity Building					x			
PACE Licensure								x
Supported Employment Pilot Extension				x				
Child/Youth Step-down Options Program and Provider Recruitment				x				
Community First Choice				x				
Respite Rate Enhancement				x				
Home Mod Budget Enhancements				x				
Updates to Salesforce Database						x		
HCBS Provider Digital Transformation						x		
Care & Case Management System Investments						x		
Systems Infrastructure for Social Determinants of Health						x		

Home Health/PDN Acuity Tool						x		
Wrap-Around Services, including Peer Supports for Members with Complex Needs			x					
Expand the Behavioral Health Safety Net			x					
Increase Payments to Providers and Workers	x							
Resource & Job Hub	x							
Direct Care Workforce Data Infrastructure	x							
Standardized Core Curriculum & Specialization	x							
Rural Sustainability & Investment	x							

Project Title	Category							
	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
PHASE 2 PROJECTS								
Behavioral Health Transition Support Grants		x						
Expand Behavioral Health Crisis Teams		x						
IMD Exclusion, Risk Mitigation Policy		x						
Quality Measures & Benefits Training								x
P4P for PACE								x
CMS Quality Metrics								x
ACF Tiered Rates & Benefit				x				
Residential Innovation				x				

New Systems of Care				x				
Pilot CAPABLE				x				
Connect CMAs to CORHIO						x		
Centers for Excellence in Pain Management						x		
Member Tech Literacy						x		
Member-Facing Provider Finder Tool Improvement						x		
Improvements - System Communication [Interface with Trails]						x		
Public Awareness Campaign	x							
Establish a Training Fund	x							
Career Pathways	x							

Project Title	Category							
	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
PHASE 3 PROJECTS								
Improve & Expedite Long-Term Care Eligibility Processes					x			
P4P for HCBS Waivers								x
Criminal Justice Partnership								x
Provider Oversight								x
P4P for HH								x
Innovative Tech Integration						x		
Specialty Search in Provider Specialty Tool						x		
Member Data Sharing						x		

Equity Study			x					
HCBS Training for Members & Families			x					
Translation of Case Management Material			x					
Behavioral Health Capacity Grants			x					
Workforce Compensation Research	x							

Project Title	Category							
	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
PHASE 4 PROJECTS								
Member Emergency Preparedness							x	
Emergency Response Plans							x	
Provider Score Cards								x
Waiver Quality Expansion								x
eConsult to Improve Quality								x
Respite Grant Program				x				
Hospital Community Investment Requirements				x				
Promote Single Occupancy				x				
Data Sharing with the SUA						x		
Eligibility Systems Improvements*						x		
Buy-In Analysis			x					
Home Health Delegation	x							

## Appendix 3: Resources

### Colorado Department of Health Care Policy & Financing HCBS ARPA Links:

- HCPF ARPA Webpage:  
<https://hcpf.colorado.gov/arpa>

### *Center for Medicare & Medicaid Services*

- HCPF Spending Plan Submitted to CMS:  
[https://hcpf.colorado.gov/sites/hcpf/files/CO%20State%20Spending%20Plan%20for%20Implementing%20Section%209817%20of%20ARPA%2C%20June%202021\\_Acc.pdf](https://hcpf.colorado.gov/sites/hcpf/files/CO%20State%20Spending%20Plan%20for%20Implementing%20Section%209817%20of%20ARPA%2C%20June%202021_Acc.pdf)
  - Appendix:  
[https://hcpf.colorado.gov/sites/hcpf/files/American%20Rescue%20Plan%20Act%20-%20Project%20Cost%20Estimate\\_Acc.pdf](https://hcpf.colorado.gov/sites/hcpf/files/American%20Rescue%20Plan%20Act%20-%20Project%20Cost%20Estimate_Acc.pdf)
- Initial CMS Partial Approval Letter:  
<https://hcpf.colorado.gov/sites/hcpf/files/Colorado%209817%20Approval.pdf>
- HCPF Response to Partial Approval:  
<https://hcpf.colorado.gov/sites/hcpf/files/CMS%20ARP.Response%20Letter8.2.21.pdf>
- CMS Conditional Approval Letter:  
<https://hcpf.colorado.gov/sites/hcpf/files/CO%20CMS%20ARPA%20Conditional%20Approval%209-21-2021.pdf>
- CMS Quarterly Report #1:  
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20CMS-Nov.%201%2C%202021.pdf>

### *Joint Budget Committee:*

- Senate Bill 21-286:  
[http://leg.colorado.gov/sites/default/files/2021a\\_286\\_signed.pdf](http://leg.colorado.gov/sites/default/files/2021a_286_signed.pdf)
- HCPF Spending Plan Submitted to the JBC:  
<https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan.pdf>
  - Appendix: <https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan%20Appendix%20A.pdf>
- Presentation to the Joint Budget Committee:  
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20JBC%20Presentation%209.21.pdf>
- JBC Quarterly Report #1:  
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20the%20JBC-%20Nov.%201%2C%202021.pdf>

- Appendix:  
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Quarterly%20Report%201%20-%20Appendix%20A.pdf>

**Federal HCBS ARPA Links:**

- ARPA Legislation:  
<https://www.congress.gov/bill/117th-congress/house-bill/1319/text>
- Home & Community Based Services Section of ARPA:  
<https://www.congress.gov/bill/117th-congress/house-bill/1319/text#toc-H04B309FDB3FA4109B306C6622D55C4D8>
- CMS ARPA Guidance:  
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>